Doctor #4 Patient #1 Male DOB Apr 20, 1935

PATIENT SUMMARY

Medications		Started
Synthroid 50 mcg tablet	1 tablet oral QD x 100 day	2019-01-25
Docusate sodium capsules 100 mg	1 capsule oral BID x 1 month	2019-04-11
Crestor 10 mg tablet	1 tablet QD x 1 month	2019-01-25
Flomax CR 0.4 mg tablet	1 tablet oral QD x 1 month	2019-01-25
Norvasc tab 5 mg	1 tablet oral QD x 1 month	2019-01-25
Remeron 15 mg tablet	1 tablet oral QHS x 1 month	2019-01-25
Flurazepam 30 mg capsule	1 capsule oral QHS x 1 month	2019-01-25
Synthroid 50 mcg tablet	1 TAB oral QD x 100 day	2018-09-10
Norvasc tab 5 mg	1 tablet oral QD x 1 month	2018-10-29
Coversyl perindopril 8 mg	1 tablet oral QD	2019-01-25
Crestor 10 mg tablet	1 TAB QD x 1 month	2018-09-10
Flurazepam 30 mg	1 TAB oral QHS x 1 month	2018-09-10
Remeron 15 mg tablet	1 TAB oral QHS x 1 month	2018-09-10
Flomax CR 0.4 mg tablet	1 TAB oral QD x 1 month	2018-09-10
Synthroid 50 mcg tablet	1 TAB oral QD x 100 day	2018-05-03
Remeron 15 mg tablet	1 TAB oral QHS x 1 month	2018-05-03
Flurazepam 30 mg capsule	1 TAB oral QHS x 1 month	2018-05-03
Crestor 10 mg tablet	1 TAB QD x 1 month	2018-05-03
Flomax CR 0.4 mg tablet	1 TAB oral QD x 1 month	2018-05-03

Vitamin B12 1000 mcg tablet	1 TAB oral QD x 1 month	2017-05-11
Viagra 100 mg tablet	1 TAB oral QD x 1 month	2016-02-05
Levitra 5 mg tablet	1 TAB oral QD x 1 month	2012-08-09
Aspirin EC 81 mg		2011-08-31
Flurazepam 30 mg capsule	1 TAB oral QHS x 1 month	2012-04-24
Betamethasone topical valerate 0.1% topical lotion	1 APPLN topical BID x 30 day	2011-06-29

Allergy status – unconfirmed

Active Problems: Dyslipidemia, Osteoarthritis

Medical History: Appendectomy.

Tonsillectomy

Cholecystectomy

Hernia repair.
Right inguinal hernia
Basal cell ca nose and skin grafting

Doctor #4 Patient #1 Male DOB Apr 20, 1935

Visit date: April 11, 2019

HISTORY
Severe constipation
New onset

PHYSICAL EXAM

Normal physical exam
H&N: inspection unremarkable, no lymphadenopathy, normal thyroid

Tender all 4 qudrnts

Filled sigmoid

The patient was diagnosed with: Constipation NOS

ASSESSMENT AND PLAN

Refer to colonoscopy program

PRESCRIPTIONS

Docusate sodium capsules 100 mg – BID x 1 month – quantity 60 capsules, refill 3, route oral

ATTACHMENTS

Forms
- Endoscopy WRHA
- Gamma lab req
- Gamma lab req

Doctor #4 Patient #1 Male DOB Apr 20, 1935

Visit Date: Mar 7, 2019

HISTORY

Effusion right knee

Post traumatice

PHYSICAL EXAM

BP 132/80 HR 72

Per-patellar effusion right knee

The patient was diagnosed with: Bursitis, site NOS

ASSESSMENT AND PLAN

Aspirate knee

ATTACHMENTS

Radiology requisition
Cadham lab req

Doctor #4 Patient #1 Male DOB Apr 20, 1935

Visit Date: Feb 24, 2019

HISTORY

Pt was on holidays in Dominican Republic – fell and bleeding to both knees and pain to lt chestwall area

Respiratory: No cough and Non Pleuritic

CV: Normal CVS and Chest Pain

Abdomen: No Abdominal Pain

PHYSICAL EXAM

Normal Physical Exam

H&N: : inspection unremarkable, no lymphadenopathy, normal thyroid

Respiratory: resp rate within normal limits, good air entry bilaterally, no adventitia

CV: normal S1 S2 no S3/S4 or murmurs on auscultation

Skin: Tender to both knees with some scabs

The patient was diagnosed with: Chest pain NOS

ASSESSMENT AND PLAN

X rays

ATTACHMENTS

Radiology requisition

Doctor #4 Patient #1 Male DOB Apr 20, 1935

Visit Date: Feb 8, 2019

HISTORY

Hypertension

PHYSICAL EXAM

BP 147/78 HR 72

Normal Physical Exam

H&N: : inspection unremarkable, no lymphadenopathy, normal thyroid

Respiratory: resp rate within normal limits, good air entry bilaterally, no adventitia

CV: normal S1 S2 no S3/S4 or murmurs on auscultation

Abdomen: +BS, soft nontender, no hepatosplenomegaly, no masses

Skin: no concerning lesions identified

Neuro: cognitive & motor function grossly intact

The patient was diagnosed with: Hypertension NOS

Doctor #4 Patient #1 Male DOB Apr 20, 1935

Visit Date: Jan 25, 2019

HISTORY

Holter results pending

PHYSICAL EXAM

BP 156/96 HR 66

Normal Physical Exam

Respiratory: resp rate within normal limits, good air entry bilaterally, no adventitia

Abdomen: +BS, soft nontender, no hepatosplenomegaly, no masses

The patient was diagnosed with: Hypertension NOS

ASSESSMENT AND PLAN

Follow up in 2 weeks

PRESCRIPTIONS

Coversyl perindopril 8 mg – 1 tablet QD – once daily – quantity 30 tablets, refill 3,

Norvasc tab 5 mg – 1 tablet QD – once daily for 1 month – quantity 30 tablets, refill 3

Synthroid 50 mcg tablet – 1 tablet QD – once daily for 100 day – quantity 100 tablets, refill 1

Flomax CR 0.4 mg tablet – 1 tablet QD – once daily for 1 month – quantity 30 tablets, refill 3

Crestor 10 mg tablet – 1 tablet QD – once daily for 1 month – quantity 30 tablets, refill 3

Flurazepam 30 mg capsule – 1 capsule QHS – daily at bedtime for 1 month – quantity 30 capsules, refill 3

Remeron 15 mg tablet – 1 tablet QHS – daily at bedtime for 1 month – quantity 30 tablets, refill 3

Doctor #4 Patient #1 Male DOB Apr 20, 1935

Visit Date: Nov 12, 2018

HISTORY

ECHO normal

PHYSICAL EXAM

Normal Physical Exam

H&N: : inspection unremarkable, no lymphadenopathy, normal thyroid

Respiratory: resp rate within normal limits, good air entry bilaterally, no adventitia

The patient was diagnosed with: Hypertension NOS

Doctor #4 Patient #1 Male DOB Apr 20, 1935

Visit Date: Oct 29, 2018

HISTORY

Hypertension and irregular heart rhythm follow up

Saw cardiologist last week

Waiting for an echo and Holter

PHYSICAL EXAM

BP 180/92 HR 68 sinus rhythm

The patient was diagnosed with: Hypertension NOS

ASSESSMENT AND PLAN

Add Norvasc

Follow up in 2 weeks

PRESCRIPTIONS

Norvasc tab 5 mg – 1 tablet QD – once daily for 1 month – quantity 30 tablets – refill 3

Doctor #4 Patient #1 Male DOB Apr 20, 1935

Visit Date: Sept 26, 2018

HISTORY

Landed up in Grace ER with palpitations and low BP

No chest pain

Heart rate was 157/min with low BP

PHYSICAL EXAM

BP 165/90 HR 72

Brought a list of BP readings

In general too high systolic readings

The patient was diagnosed with: Hypertension NOS

PRESCRIPTIONS

COVERSYL Perindopril 4 mg – I tablet QD – once daily for 1 month – quantity 30 tablets – refill 6

Doctor #4 Patient #1 Male DOB Apr 20, 1935

Visit Date: Sept 10, 2018

PHYSICAL EXAM

BP 165/85 HR 66

H&N: : inspection unremarkable, no lymphadenopathy, normal thyroid

Respiratory: resp rate within normal limits, good air entry bilaterally, no adventitia

CV: normal S1 S2 no S3/S4/or murmurs on auscultation

Neuro: cognitive and motor function grossly intact

The patient was diagnosed with: Hypertension NOS

PRESCRIPTIONS

Synthroid 50 mcg tablet – 1 tab QD – once daily for 100 day – quantity 100 tab – refill 1

Remeron 15 mg tablet – 1 tab QHS – daily at bedtime for 1 month – quantity 30 tab – refill 3

Flurazepam 30 mg capsule – 1 tab QHS – daily at bedtime for 1 month – quantity 30 tab – refill 3

Crestor 10 mg tablet – 1 tab QD – once daily for 1 month – quantity 30 tab – refill 3

Flomax CR 0.4 mg tablet – 1 tab QD – once daily for 1 month – quantity 30 tab – refill 3

Doctor #4 Patient #1 Male DOB Apr 20, 1935

Visit Date: May 19, 2018

HISTORY

S: In for F/U cholesterol values discussion.

Improvement in values??

Other issues??

O: ??

A: Hypercholesterolemia

P: Support and quick discussion of IHD risk factors as part of motivation process

Rx??

F/U cholesterol test in ??

LABORATORY REQUISITION
Hemoglobin, Hematocrit, WBC, Differential, RBS, Platelet, MCV, Sodium, Potassium, Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol, Glucose Fasting, BUN, Creatinine, AST, ALT, Gamma GT, Alk Phosphatase, Bilirubin Total

Flomax CR 0.4 mg tablet: 1 tab QD 1 mo 30 No substitutes Fill for: 30 tab Refills:3

Crestor 10 mg tablet: 1 tab QD 1 mo 30 Fill for: 30 tab Refills:3

Flurazepam 30 mg capsule: 1 tab QHS 1 mo 30 Fill for: 30 tab Refills:3

Remeron 15 mg tablet: 1 tab QHS 1 mo 30 Fill for: 30 tab Refills:3

Synthroid 50 mcg tablet: 1 tab QD 100 day Fill for 100 tab Refills:1

PHYSICAL EXAM

ASSESSMENT AND PLAN

Hypercholesterolemia

Doctor #4 Patient #1 Male DOB Apr 20, 1935

Visit Date: Feb 17, 2018

HISTORY

S: In for F/U cholesterol values discussion.

Improvement in values??

Other issues: ??

O: Vitals

BP left arm sitting: 145/80 Pulse: 78

Pulse description: sinus

A: Hypercholesterolemia

P: Support and quick discussion of IHD risk factors as part of motivation process.

Rx??

F/U cholesterol in ??

Flomax CR 0.4 mg tablet: 1 tab QD 1 mo 30 No substitutes Fill for: 30 tab Refills: 3

Crestor 10 mg tablet: 1 tab QD 1 mo 30 No substitutes Fill for: 30 tab Refills: 3

Flurazepam 30 mg capsule: 1 tab QHS 1 mo 30 Fill for: 30 tab Refills: 3

Remeron 15 mg tablet: 1 tab QHS 1 mo 30 Fill for: 30 tab Refills: 3

Synthroid 50 mcg tablet: 1 tab QD 100 day Fill for: 100 tab Refills: 1

PHYSICAL EXAM

ASSESSMENT AND PLAN

hypercholesterolemia

Lab Results

Reported by
GDML

STOOL OCCULT BLOOD

COMPLETE - F 3347280

Collected On
16th Apr 2019, 12:29 pm

ORDER PHYSICIAN

REPORTED TO

SPECIMEN RECEIVED ON
16th Apr 2019, 12:29 pm

STATUS CHANGED ON
18th Apr 2019, 21:45 pm

NAME	RESULT
Stool Occult Blood	
StoolOccult Blood #1	Negative
Date of Collection #1	2019/04/12
Stool Occult Blood #2	Negative
Date of collection #2	2019/04/13
Stool Occult Blood #3	Negative
Date of Collection #3	2019/04/14

Comments

reviewed this file on Apr 24 2019, 11:02am ✓

Reported by
GDML

HEMATOLOGY

COMPLETE - F 3330211

Collected On
11th Apr 2019, 9:56 am

ORDER PHYSICIAN

REPORTED TO

SPECIMEN RECEIVED ON
11th Apr 2019, 9:56 am

STATUS CHANGED ON
11th Apr 2019, 12:42 pm

NAME	RESULT
WBC Count	8.8 x10 9/L
RBC Count	4.8 x10 12/L
Hemoglobin	150 g/L
Hematocrit	0.45 L/L
MCV	92 fL
MCH	31 pg
MCHC	337 g/L
RDW	13.0 %
Platelet Count	141 x10 9/L
MPV	10.4 fL

BIOCHEMISTRY

COMPLETE - F 3330211

Collected On
11th Apr 2019, 9:56 am

ORDER PHYSICIAN

REPORTED TO

SPECIMEN RECEIVED ON
11th Apr 2019, 9:56 am

STATUS CHANGED ON
12th Apr 2019, 0:18 am

NAME	RESULT
Creatinine	104 umol/L
eGFR	⬇ 57 **Below Low Normal** ml/min/1.7
	Mild to moderate decreased kidney function (x1.15 if African) Effective April 3 2017, eGFR is calculated using the CKD-EPI 2009 equation.
Sodium	142 mmol/L

Potassium	4.5	mmol/L
Urea	7.2	mmol/L
Glucose Random	↑ 7.2 Above High Normal	mmol/L

COAGULATION

COMPLETE - F 3330211

Collected On
11th Apr 2019, 9:56 am

ORDER PHYSICIAN

REPORTED TO

SPECIMEN RECEIVED ON
11th Apr 2019, 9:56 am

STATUS CHANGED ON
11th Apr 2019, 13:30 pm

NAME	RESULT
INR	1.0 INR

INR
0.9 - 1.3 Non therapeutic
2.0 - 3.0 Therapeutic
2.5 - 3.5 Mechanical valve

Comments

reviewed this file on Apr 13 2019, 03:49pm ✓

Reported by
GDML

Note

COMPLETE - F M43469-19

Collected On
7th Mar 2019, 10:31 am

ORDER PHYSICIAN

REPORTED TO

SPECIMEN RECEIVED ON
7th Mar 2019, 10:31 am

STATUS CHANGED ON
13th Mar 2019, 11:20 am

NAME	RESULT
Note	See Notes

bursal fluid R knee
BLOODY FLUID
10ML
BURSAL FLUID RIGHT KNEE

Gram Stain

COMPLETE - F M43469-19

Collected On
7th Mar 2019, 10:31 am

ORDER PHYSICIAN

REPORTED TO

SPECIMEN RECEIVED ON
7th Mar 2019, 10:31 am

STATUS CHANGED ON
13th Mar 2019, 11:20 am

Specimen Source: Synovial Fluid / Right knee

NAME	RESULT
MICROSCOPY	Bacteria None Seen
MICROSCOPY	Gross Blood Present

Culture submitted to Cadham Provincial Laboratory for identification and susceptibility testing.

Comments

reviewed this file on Mar 17 2019, 05:57pm ✓

Reported by
GDML

HEMATOLOGY

COMPLETE - F 2196389

Collected On
7th May 2018, 9:43 am

ORDER PHYSICIAN

REPORTED TO

SPECIMEN RECEIVED ON
7th May 2018, 9:43 am

STATUS CHANGED ON
7th May 2018, 12:09 pm

NAME	RESULT
WBC Count	8.1 x10 9/L
RBC Count	5.1 x10 12/L
Hemoglobin	157 g/L
Hematocrit	0.46 L/L
MCV	90 fL
MCH	31 pg
MCHC	344 g/L
RDW	13.1 %
Platelet Count	↓ 134 Below Low Normal x10 9/L
MPV	9.9 fL
Neutrophils	5.7 x10 9/L
Lymphocytes	1.3 x10 9/L
Monocytes	0.5 x10 9/L
Eosinophils	0.4 x10 9/L
Basophils	0.10 x10 9/L

BIOCHEMISTRY

COMPLETE - F 2196389

Collected On
7th May 2018, 9:43 am

ORDER PHYSICIAN

REPORTED TO

SPECIMEN RECEIVED ON
7th May 2018, 9:43 am

STATUS CHANGED ON
7th May 2018, 21:36 pm

NAME	RESULT
Cholesterol	3.99 mmol/L
Triglyceride	↑ 2.49 **Above High Normal** mmol/L

Fasting <1.70
Non fasting <2.00

HDL Cholesterol	1.04 mmol/L
Non-HDL-Cholesterol	2.95 mmol/L

Reference values are based on initiation of therapy thresholds.

10y CVD risk	Initiation of therapy	Treatment targets
High FRS >=20%	Consider treatment in all patients	Primary: LDL-C <=2.00 mmol/L or >=50% decrease Alternate: non-HDL-C <=2.60 mmol/L
Intermediate FRS 10%-19%	If LDL-C >=3.50 mmol/L or LDL-C <3.50 mmol/L or non-HDL-C >=4.30 mmol/L	Primary: LDL-C <=2.00 mmol/L or >=50% decrease Alternate: non-HDL-C <=2.60 mmol/L
Low FRS <10%	LDL-C >=5.00 mmol/L or familial hyperchol.	LDL-C >=50% decrease

LDL Cholesterol	1.82 mmol/L

Reference values are based on initiation of therapy thresholds.
Calculated LDL-C is decreased if fasting is <= 10 hours; consider non-HDL-C as an alternate target in such scenarios.

Hours Fasting	14 Hours
Creatinine	108 umol/L
eGFR	↓ 55 **Below Low Normal** ml/min/1.7

Mild to moderate decreased kidney function (x1.15 if African)
Effective April 3 2017, eGFR is calculated using the CKD-EPI 2009 equation.

Sodium	144 mmol/L
Potassium	4.3 mmol/L

Glucose Fasting	4.9	mmol/L
Urea	5.9	mmol/L
AST	17	U/L
ALT	18	U/L
GGT	32	U/L
Alkaline Phosphatase	82	U/L
Total Bilirubin	12	umol/L

Comments

reviewed this file on Jul 26 2018, 01:50pm ✓

Attachments

Cadham Provincial Laboratory
P.O. Box 8450
750 William Avenue, Winnipeg, MB R3C 3Y1
Director: Dr. P. Van Caeseele

Manitoba
Health, Seniors and Active Living

Report Delivered By: Secure Fax (204-774-9260)
Ordering Practitioner:

Patient: -

PHIN:
MHSC:
Birth Date: 1935/04/20
Gender: Male

Copy To: ATTENTION MICRO LAB

Accession #:	**19134475**	**Date Collected:**	2019/02/27
Source:	Organism Isolate	**Date Received:**	2019/03/14
Type:		**Date Reported:**	2019/03/19
Outbreak #:			
Specimen Note:	**bursa fluid right knee**		

Test Name	Result	Date Approved
Aerobic culture (Isolate)	Organism(s) isolated:	2019/03/19
	Cutibacterium acnes	2019/03/19

Note: Formerly known as Propionibacterium acnes.

If susceptibilities are required regarding this report, please contact Cadham's Assistant Medical Director.

Cutibacterium acnes was previously known as Propionibacterium acnes.

General Inquiries: **204-945-6123**
Fax: 204-786-4770
Email: cadham@gov.mb.ca
Website: www.gov.mb.ca\health\publichealth\cpl

Final

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

LIMS Report #: 3550842
LIMS Sample #: 4060467

Print Date: 2019/03/19

Dynacare
100-830 King Edward St., Winnipeg, MB R3H 0P4
T 800.668.2714 F 204.957.1221

Collected 2019-03-07 10:31

Physicians

Physician

Patient

M 1935-04-20 83 Yrs **DYN00394296**

219870

M43469-19
DepSouth Sherbrook LHSC

Account:

Clinical information bursal fluid R knee
BLOODY FLUID
10ML

Source Synovial Fluid
Site Right knee
Requested Analysis Gram Stain
Culture & Sensitivity

GRAM Bacteria None Seen
Gross Blood Present

Rem: BURSAL FLUID RIGHT KNEE
Rem: Further report to follow.

Medical Director Dr. J. Naidoo

Received Date	Completed Date	Printed Date	Accn #	M43469-19	Preliminary
2019-03-07 10:31		2019-03-08 11:31			

PDF Copy

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

DIAGNOSTIC IMAGING REPORT

MISERICORDIA HEALTH CENTRE

DOB: 20 Apr 1935
Gender: M

Requesting Location: Dr's Office

Procedure ID: 2019030700790

Referring Physician(s) : Dr. \
Copies to : Dr'S Office,

Exam Date: 07 Mar 2019

Clinical History: Rule out fracture right patella

X-RAY KNEE/PATELLA, RIGHT:

Comparison: None

No fractures or dislocations are identified. There is some enthesopathy at the superior and inferior aspect of the patella. Marked the prepatellar soft tissue swelling is present. Mild the patellofemoral joint space narrowing is noted with associated marginal osteophyte formation.

Dictated by:

Electronically signed by:

Transcribed by: SpeechRec
dd: 07 Mar 2019 0932
dt: 07 Mar 2019 0932

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

DIAGNOSTIC IMAGING REPORT

MISERICORDIA HEALTH CENTRE

Name:
DOB: 20 Apr 1935
Gender: M

Requesting Location: Dr's Office

Procedure ID: 2019022201133

Referring Physician(s) : Dr.
Copies to : Dr.

Exam Date: 22 Feb 2019

CLINICAL HISTORY: Exclude left rib fractures.

X-RAY CHEST, TWO VIEWS,RIBS, LEFT SIDE:

COMPARISON STUDIES: September 21, 2018.

FINDINGS:

The heart and mediastinum are unremarkable. The lungs are clear. No pleural abnormality is identified.

No acute or healing rib fracture is identified.

Dictated by: Dr.

Electronically signed by: Dr.

Transcribed by: SpeechRec
dd: 22 Feb 2019 1127
dt: 22 Feb 2019 1127

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

DIAGNOSTIC IMAGING REPORT

MISERICORDIA HEALTH CENTRE

Name:
DOB: 20 Apr 1935
Gender: M

Requesting Location: Dr's Office

Procedure ID: 2019022201133

Referring Physician(s) : I
Copies to : Dr

Exam Date: 22 Feb 2019

CLINICAL HISTORY: Exclude left rib fractures.

X-RAY CHEST, TWO VIEWS,RIBS, LEFT SIDE:

COMPARISON STUDIES: September 21, 2018.

FINDINGS:

The heart and mediastinum are unremarkable. The lungs are clear. No pleural abnormality is identified.

No acute or healing rib fracture is identified.

Dictated by: Dr.

Electronically signed by: Dr.

Transcribed by: SpeechRec
dd: 22 Feb 2019 1127
dt: 22 Feb 2019 1127

MEDICAL CLINIC

GRACE HOSPITAL
300 Booth Drive
Winnipeg, Manitoba
R3J 3M7

Name:

DOB: 20/Apr/1935 Sex: M
Healthcare #: Province: MB
I
Visit Date:

MEDICAL CLINIC

CC:

Mr. had a Holter that was unremarkable. No evidence of A-fib noted. Echocardiogram was also essentially unremarkable.

This document has been electronically signed on 01/25/2019 21:46:33 by MD, FRCPC

MD, FRCPC

MD, FRCPC

GRACE HOSPITAL
300 Booth Drive
Winnipeg, Manitoba
R3J 3M7

MEDICAL CLINIC

Name:

DOB: 20/Apr/1935 Sex: M
Healthcare #: Province: MB
I
Visit Date: 18/Oct/2018

MEDICAL CLINIC

This pleasant gentleman was referred from Grace Emergency after coming in with an episode of rapid heart rate subjectively followed by some tightness across the chest. In the triage, his heart rate was around 140-150 beats a minute and by the time he was taken in the back and EKG done he was down to sinus rhythm. This has happened in the past many years ago and had investigations done that were all negative in terms of cardiac workup. He has a history of hypothyroidism and hyperlipidemia.

He is on Flurazepam, Mirtazapine, Rosuvastatin, Flomax, Levothyroxine, Aspirin and B12.

He still works as an engineer and says there is some stresses around work as well.

CLINICALLY he is in no distress. Blood pressure today is 155/90, 185 cm at 99 kg, pulse 58, 94% on room air. Cardiovascular and respiratory exam normal. There is a systolic flow murmur in the aortic region and likely a diastolic murmur in the mitral area. He doesn't recall having had a echo perhaps in the past. EKG showed normal sinus. Troponins around 40-60 but normal CK, normal creatinine and CBC normal.

IMPRESSION/PLAN: I suspect this may be A. fib but intermittently and at times his blood pressure does drop to a point where he is getting symptomatic. He does not complain of any exertional chest tightness otherwise.

PLAN:

1. Holter.
2. Echocardiogram semi-urgently to assess for evaluation, and I will be in touch with him.

This document has been electronically signed on 11/07/2018 10:41:38 by MD, FRCPC

MD, FRCPC

MD, FRCPC

MEDICAL CLINIC

GRACE HOSPITAL
300 Booth Drive
Winnipeg, Manitoba
R3J 3M7

Name:

DOB: 20/Apr/1935 Sex: M
Healthcare #: Province: MB

Visit Date:

MEDICAL CLINIC

Echocardiogram shows some aortic valve sclerosis but normal ejection fraction which is quite encouraging.

This document has been electronically signed on 11/07/2018 10:42:55 by , FRCPC

1D, FRCPC
MD, FRCPC

CARDIAC SCIENCES PROGRAM
Section of Cardiology

UNIVERSITY OF MANITOBA
MAX RADY COLLEGE OF HEALTH SCIENCES
RADY FACULTY OF MEDICINE
Section of Cardiology

Transthoracic Echocardiography

Patient Name:
DOB: 04/20/1935 (83 years)

GENDER: male
Height: 182.88 cm
Weight: 99.79 kg
BSA: 2.22
BP: /

Date of requisition:
Exam Date: 11/5/2018
MRN: 018393157
Sonographer: IE
Interpreted By:
Referred By: Dr. I
Patient Location: op
Report finalized

Measure						
2D mode						
	IVSd ^	1.2 cm [0.8-1.1]	LVd Mass (ASE)	164 g	LAESV (MOD A2C)	55.1 ml
			LVd Mass Index (ASE)	74 g/m²	LVOT Diam	2.3 cm
	LVIDd	4.2 cm [4.2-5.8]	LA Diam	3.2 cm [3.0-4.0]	Ao Root Diam	3.5 cm [3.2-3.7]
	LVIDs v	2.2 cm [2.5-4.0]	LAESV (MOD A4C)	81.5 ml	Ao Asc Diam ^	3.9 cm [3.2-3.7]
	LVPWd	1.1 cm [0.8-1.1]				
	LVd Mass	191 g [96-200]				
Doppler						
	MV E Velocity	0.61 m/s	MV Dec. Time ^	293 ms [142-258]	RAP	5 mmHg
	MV A Velocity	0.95 m/s			RVSP	33 mmHg
	MV E / A	0.64 [0.6-1.32]	TR Vmax	2.65 m/s		
			TR max PG	28 mmHg		
TDI						
	MV E' Sept v	6 cm/s [6-15]	MV E' Lat	6 cm/s [6-20]	MV E / E' Avg	9.9
	MV E / E' Sept	10.1	MV E / E' Lat	9.6		

Procedure/ Study Quality A transthoracic study was performed including 2D, M-mode, spectral Doppler, and color-flow Doppler imaging. View: The image quality was good

Study Location Study was performed at the HSC location

ECG Rhythm Sinus rhythm

Indication Heart Murmur. Assessment of aortic stenosis. Assessment of mitral stenosis

Left Ventricle Left ventricular cavity size is normal.
There is mild concentric left ventricular hypertrophy.
Global systolic function:
Overall left ventricular systolic function is normal with an EF of > 60 %.
The diastolic filling pattern indicates impaired relaxation, There is mild LV diastolic dysfunction.

Right Ventricle Right ventricular size and systolic function are normal.

Left Atrium The left atrium is moderately dilated.

Right Atrium The right atrial size is normal.

Aortic Valve The aortic valve is trileaflet. There is moderate aortic valve sclerosis. No evidence of valvular aortic stenosis. There is no evidence of aortic insufficiency by color or spectral Doppler.

Mitral Valve The MV leaflets are mildly sclerotic. Mild mitral annular calcification present. No evidence of

	mitral stenosis is seen. There is trace mitral regurgitation present.
Tricuspid Valve	The tricuspid valve is structurally normal. There is no evidence of tricuspid valve stenosis. There is mild tricuspid regurgitation present. The right ventricular pressure as measured by Doppler is estimated at 33 mmHg.
Pulmonic Valve	Pulmonic valve appears structurally normal with physiologic degree of pulmonic regurgitation.
Pericardium/ Pleural	There is no pericardial effusion present.
Interatrial Septum	Patent foramen ovale: Colour Doppler was sub-optimal to assess for patent foramen ovale.
Aorta	The aortic root is normal in size. The ascending aorta is dilated.
Systemic Veins	The IVC is normal caliber with normal inspiratory response.
Conclusion	1. Left Ventricle: There is mild concentric left ventricular hypertrophy. 2. Left Ventricle: Global systolic function: Overall left ventricular systolic function is normal with an EF of > 60 %. 3. Aortic Valve: The aortic valve is trileaflet. There is moderate aortic valve sclerosis. 4. Aorta: The aortic root is normal in size. The ascending aorta is mildly dilated.

Electronically signed by at 9:04 AM on 11/5/2018

IE
Sonographer

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé
GRACE HOSPITAL

Emergency Visit Summary

PHN:	83y (20-Apr-1935) MB Reg:	Male	MRN: Visit: 1638289

Address: **Phone:**

Contacts	Relationship	Phone

Admit Date/Time: **21-Sep-2018 12:31** Discharge Date/Time:
Discharge Disposition: CTAS: **2 Emergent**

Final *This document has been reviewed and approved by the Attending Provider.*

Summary of Diagnoses

Emergency Department DISCHARGE Diagnoses:

Health Issue	Description	Status
Palpitations		Active

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GRACE HOSPITAL

Emergency Visit Summary

	83y (20-Apr-1935)	Male
PHN:		Visit: 1638289

Recommendations / Clinical Findings

Clinical Findings:

- 83 yo M, PMH: remote angina, anxiety, poorly controlled bp, highly independent, presents with chest tightness and palpitations.

-started spontaneously at 1100 - central chest squeezing/discomfort, not radiating, + dizzy, no presyncopal

-checked bp and it was 100/60 (recent norm has been 200/110) and pulse was 155 and irregular (normally 50s)

-eventually drove self to hospital, symptoms lasted hours but now resolved

-no sob, not pleuritic

looks well, alert and appropriate

P 55, 134/84, resps normal

not distressed

CVS: S1 = S2, no murmur or extra heart sounds appreciated

Resp: respirations appear normal, equal air entry bilaterally with no crackles/wheeze.

Abdomin - Soft, nontender. Normal bowel sounds. No mass/hernia.

Bedside U/S - appears moderately decreased global cardiac function

ECG: 1deg AVB (no previous for comparrison)

CXR: nil acute

Trop: 20 -> 39 -> 46

A: ? demand angina due to brief episode of atrial fibrillation, in setting of poor bp control

-discussed with Dr. (Medicine) - feels this is very likely to be episode of AF but would not treat if not caught on rhythm strip / monitor

-recommends hold overnight - repeat troponin in am, telemetry and treat if arrhythmia, otherwise f/u with Family MD and return if recurrent symptoms

Dr.

CCFP-EM

MB: AS above. No CP or SOB. Felt heart racing with mild chest tightness. Feels well now. No hs CP on exertion or SOBOE. No history of hemoptysis, thromboembolism, surgery in 3 months, cancer, no unilateral leg swelling reported or seen, HR and sats reviewed. I do not feel this was an MI likely rate related TNT bump. If ambulates well will discharge. He is on ASA. ECG no significant elevation. To see own MD within one week, preferably within 2-3 days. AMC referral. Consider holter.

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GRACE HOSPITAL

Emergency Visit Summary

-	83y (20-Apr-1935)	Male
	M	Visit: 1638289

Allergies

Allergies:

Category	Allergen Type	Allergen/Product	Confidence Level	Reaction
Allergies		No Known Allergies		

Vital Signs

	Upon Admission	Prior Discharge
Temperature	36.2 degrees Celsius	36.8 degrees Celsius
Heart Rate	82 beats / min	57 beats / min
Respiratory Rate	18 breaths / min	18 breaths / min
Blood Pressure	115 / 77	133 / 78
SpO2	93% on room air	92% on room air

Labs

Lab - Results:

General Chemistry:

	21-Sep-2018 13:10	21-Sep-2018 15:50	21-Sep-2018 20:30	22-Sep-2018 06:15
Sodium Level	142			
Potassium Level	3.9			
Chloride Level	105			
CO2 Total	25			
Glucose Level	9.2			
Urea	6.6			
Creatinine (Plasma)	103			
Troponin T High Sensitivity	⇑ 20	⇑ 39	⇑ 46	⇑ 28
AST	20			
LD	193			

Hematology:

	21-Sep-2018 13:10
WBC	7.9
RBC	5.09
HGB	156
HCT	0.451
PLT	143
INR	1.0

The following icons may appear next to the result in the grid:

⇓⇓ Abnormally very low numeric result.

⇓ Abnormally low numeric result.

⇑⇑ Abnormally very high numeric result.

⇑ Abnormally high numeric result.

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Caring for Health | À l'écoute de notre santé
GRACE HOSPITAL

Emergency Visit Summary

-	83y (20-Apr-1935)	Male
		Visit: 1638289

Completion of Discharge Summary Note-Emergency

Copies should be sent to:

(Primary Care): MD, Medicine

Discharge Summary - Electronic Signature:

Signed 22-Sep-2018 10:44)

CELEBRATING
75 YEARS OF
EXCELLENCE

Dr.
Winnipeg Clinic
425 St Mary Ave
Winnipeg, MB
Canada R3C ON2
Tel: (204) 957-3349
Fax: (204) 957-3248
Web Site: www.winnipegclinic.com

Aug 13, 2018

Patient:
PHN:
MHSC:
Birthdate: Apr 20, 1935

Date Seen: July 24, 2018

Dear

was seen today for Mohs surgical removal of two new skin cancers. One is an invasive squamous cell carcinoma on the right cheek and the other is an infiltrating basal cell carcinoma on the left forehead.

/kh

Sincerely,

Dictated but not Read

Enclosures
Jul 24, 2018:
Jul 24, 2018:

Patient:		**MHSC # / PHIN:**	
Birthdate:	**Apr 20, 1935 (83 Yr)**	**Gender:**	**Male**
Home Phone:		**Cell Phone:**	
Title:			
Provider:		**Appointment Date:**	**Jul 24, 2018**
Referred By:	**None**		

MICROGRAPHIC SURGERY OPERATIVE REPORT

Jul 24, 2018
Billing Number:

- **Tumor type: BCC, infiltrative**
- **Site B: L temple**
- **Mohs #: M18- 567**
- **Pre-op size (cm): 1x1.1**
- **Post-op size (cm): 1.4x1.4**
- **Mohs levels: 1**
- **Reconstruction: Flap: Bilateral Advancement (H-Plasty)**
- **Reconstruction size: 4.5 cm2**

Indications for MMS Site B:
Size. Aggressive histology.

Pre-Operative:
After a thorough discussion of surgical and non-surgical treatment options, it was agreed that micrographic surgery would be the appropriate management. A detailed comparison of risks and benefits was presented to the patient prior to obtaining verbal and written consent. Items included, but were not limited to, bleeding, infection, scarring, asymmetry, tissue loss, nerve damage, tumor recurrence and unacceptable cosmetic outcome.

Stage 1:
The patient was admitted to the operating area at approximately 8:30 am and placed supine on the operating table. The lesion was defined, disinfected and marked, prior to infiltration with 1% lidocaine with 1: 100,000 epinephrine. The initial excision was made around the marked site with a scalpel and the margins removed with scalpel and scissors. Nicks were made in the surrounding skin to correspond to the division of tissue into blocks for sectioning. Hemostasis was obtained with spot electrodessication. A dressing was placed. The excised tissue was divided into specimens, mapped, and then colour-coded at their margins to correspond to the representative operative map in the usual manner. Horizontal-oblique frozen sections were cut and stained for evaluation. Microscopic examination revealed negative surgical margins.

Reconstruction:
Various closure methods were discussed with the patient. It was decided that the above closure would provide the best combination of anatomic outcome (aesthetic and functional) and compliance with patient stated preferences (including anatomic outcome and wound care complexity). Specifically, a flap was required to avoid gross displacement of the eyebrow.

SEE DIAGRAM.

A sterile site was reobtained, repair sites were designed and marked, and local anesthesia (as above) was infiltrated as necessary.

Flap Repair:
High subcutaneous careful undermining and hemostasis with spot electrodessication were done while the flap components were cut, elevated, placed into position and secured without excessive tension. Standing cutaneous deformities were trimmed to ensure even contour. Care was taken to avoid distortion of surrounding structures. A combination of vicryl sutures for subcutaneous tissue/deep dermis and ethilon sutures for epidermis/superficial dermis allowed careful wound edge approximation. The procedure was tolerated well with minimal blood loss. Sterile pressure dressings, which included topical antibiotic ointment and telfa, were applied to all sites. Detailed, strict post-operative care instructions were given. Suture removal timing was reinforced.

Intraoperative Complications: None
Additional notes: None

Sutures out in: 7d

Patient:		**MHSC # / PHIN:**	
Birthdate:	**Apr 20, 1935 (83 Yr)**	**Gender:**	**Male**
Home Phone:		**Cell Phone:**	
Title:			
Provider:		**Appointment Date:**	**Jul 24, 2018**
Referred By:	**None**		

MOHS MICROGRAPHIC SURGERY OPERATIVE REPORT

Jul 24, 2018
Billing Number:

- **Tumor type: SCC**
- **Site A: R cheek**
- **Mohs #: M18- 566**
- **Pre-op size (cm): 1.5x1.2**
- **Post-op size (cm): 1.9x1.6**
- **Mohs levels: 2**
- **Reconstruction: Linear**
- **Reconstruction size: 6 cm**

Indications for MMS Site A:
Size.

Pre-Operative:
After a thorough discussion of surgical and non-surgical treatment options, it was agreed that Mohs micrographic surgery would be the appropriate management. A detailed comparison of risks and benefits was presented to the patient prior to obtaining verbal and written consent. Items included, but were not limited to, bleeding, infection, scarring, asymmetry, tissue loss, nerve damage, tumor recurrence and unacceptable cosmetic outcome.

Stage 1:
The patient was admitted to the operating area at approximately 8:30 am and placed supine on the operating table. The lesion was defined, disinfected and marked, prior to infiltration with 1% lidocaine with 1: 100,000 epinephrine. The initial excision was made around the marked site with a scalpel and the margins removed with scalpel and scissors. Nicks were made in the surrounding skin to correspond to the division of tissue into blocks for sectioning. Hemostasis was obtained with spot electrodessication. A dressing was placed. The excised tissue was divided into specimens, mapped, and then colour-coded at their margins to correspond to the representative operative map in the usual manner. Horizontal-oblique frozen sections were cut and stained for evaluation. Microscopic examination revealed tumor cells present at the surgical margins.

Stage 2:
The patient was re-admitted to the operating area for further tumor removal. The area where tumor remained was identified, infiltrated with additional local anesthetic as necessary and excised. The tissue removed was sectioned and processed. Surgical margins were negative for residual tumor.

Reconstruction:
Various closure methods were discussed with the patient. It was decided that the above closure would provide the best combination of anatomic outcome (aesthetic and functional) and compliance with patient stated preferences (including anatomic outcome and wound care complexity).

A sterile site was reobtained, repair sites were designed and marked, and local anesthesia (as above) was infiltrated as necessary.

Linear Repair:
Standing cutaneous deformities were trimmed to ensure even contour. Care was taken to avoid distortion of surrounding structures. High subcutaneous careful undermining and hemostasis with spot electrodessication were carried out. A combination of vicryl sutures for subcutaneous tissue/deep dermis and ethilon sutures for epidermis/superficial dermis allowed careful wound

edge approximation. The procedure was tolerated well with minimal blood loss. Sterile pressure dressings, which included topical antibiotic ointment and telfa, were applied to all sites. Detailed, strict post-operative care instructions were given. Suture removal timing was reinforced.

Intraoperative Complications: None
Additional notes: None
Sutures out in: 7d

GEM CLINIC*
Glaucoma & Eye Management Clinic

Tuxedo Park Shopping Centre
Unit 221-2025 Corydon Ave.
innipeg, Manitoba, R3P 0N5
Phone: (204) 992-4000
Fax: (204) 992-4006

July 23, 2018

Date of Birth: April 20, 1935

I saw , today in clinic and would like to update you on his progress. Please see below for details.

Laser procedure: BILATERAL Selective Laser Trabeculoplasty - Monday, July 23, 2018

Technician comments:

Drop Name	OD	OS	Frequency	Last Used	Changes
None					

Drops used at today's visit	OD	OS
Alcaine 0.5%	X	X
Alphagan (0944)	X	X
Pilocarpine 1% (0944)	X	X

Meds: Synthroid, Tamsolusin, Rosuvastatin, Mirtazatine, Flurazepam, Crestor, vitalux
Allergies: NKDA
Va (cc) **OD:** 20/30-1 **OS:** 20/50-1
Glasses: **OD** -1.75 +1.75 X 002
OS -1.25
TP (0944) **OD:** 13 **OS:** 13

Post laser pressure check: (1056)
OD: 11 mm/Hg **OS**: 11 mm/Hg

Orders: Rx provided
1 month with Dr.
FU 4 mons VF Y (type: 24-2) OCT N (Macula ??/Nerve ??) A-Scan N Dilate N

If you have any questions or concerns, please do not hesitate to contact me.

Kind regards,

========== Gamma-DynaCare
==========

HEMATOLOGY

TEST NAME	VALUE	FLAG	REFERENCE RANGES	UNITS
WBC Count	8.1		4.5 - 11.0	x10 9/L
RBC Count	5.1		4.4 - 5.9	x10 12/L
Hemoglobin	157		140 - 180	g/L
Hematocrit	0.46		0.40 - 0.52	L/L
MCV	90		80 - 98	fL
MCH	31		25 - 35	pg
MCHC	344		320 - 365	g/L
RDW	13.1		11.5 - 14.5	%
Platelet Count	134	L	140 - 440	x10 9/L
MPV	9.9		7.4 - 10.4	fL
Neutrophils	5.7		1.8 - 7.7	x10 9/L
Lymphocytes	1.3		1.0 - 3.3	x10 9/L
Monocytes	0.5		0.1 - 0.8	x10 9/L
Eosinophils	0.4		0.0 - 0.4	x10 9/L
Basophils	0.10		0.00 - 0.20	x10 9/L

BIOCHEMISTRY

TEST NAME	VALUE	FLAG	REFERENCE RANGES	UNITS
Cholesterol	3.99		<5.00	mmol/L
Triglyceride	2.49	H	-	mmol/L

Fasting <1.70

Non fasting <2.00

HDL Cholesterol	1.04		>1.00	mmol/L
Non-HDL-Cholesterol	2.95		<4.30	mmol/L

Reference values are based on initiation of therapy thresholds.

10y CVD risk	Initiation of therapy	Treatment targets
High FRS >=20%	Consider treatment in all patients	Primary: LDL-C <=2.00 mmol/L or >=50% decrease Alternate: non-HDL-C <=2.60 mmol/L
Intermediate FRS 10%-19%	If LDL-C >=3.50 mmol/L or LDL-C <3.50 mmol/L or non-HDL-C >=4.30 mmol/L	Primary: LDL-C <=2.00 mmol/L or >=50% decrease Alternate: non-HDL-C <=2.60 mmol/L
Low FRS <10%	LDL-C >=5.00 mmol/L or familial hyperchol.	LDL-C >=50% decrease

LDL Cholesterol	1.82		<3.50	mmol/L

Reference values are based on initiation of therapy thresholds. Calculated LDL-C is decreased if fasting is
<= 10 hours; consider non-HDL-C as an alternate target in such scenarios.

Hours Fasting	14	*		Hours
Creatinine	108		60 - 110	umol/L
eGFR	55	L	>=60	ml/min/1.7

Mild to moderate decreased kidney function (x1.15 if African)

Effective April 3 2017, eGFR is calculated using the CKD-EPI 2009 equation.

Sodium	144	136 - 146	mmol/L
Potassium	4.3	3.7 - 5.4	mmol/L
Glucose Fasting	4.9	3.6 - 6.0	mmol/L
Urea	5.9	2.5 - 8.1	mmol/L
AST	17	7 - 40	U/L
ALT	18	<46	U/L
GGT	32	<60	U/L
Alkaline Phosphatase	82	40 - 129	U/L
Total Bilirubin	12	<23	umol/L

Accession Number: 2196389

Order Date: 2018-05-07

Reported Date/Time: 2018-05-07 21:36:19
Collection Date/Time: 2018-05-07 09:43:43
Specimen Date/Time: 2018-05-07 09:43:43

Patient:
MB Health #:
Gender: M Date of Birth: 1935-04-20 Age: 83Y 1M

*** Legend ***

Normality:
L = Below normal
LL = Below lower panic limits
* = Unknown
H = Above normal
HH = Above upper panic limits
A = Abnormal
# = Normal Adjusted for Age and/or Gender

Sending App: Gamma-Dynacare Medical Laboratories
Sending Facility: GDML

Receiving App:
Receiving Facility:

Message ID: 53cac2f4-6c47-4e5f-a910-32cb356111a2 Message Type: Production Version: 2.3
File Name: 0705201804040260 2.hl7