Progress Notes

Dr. Manuel Cortes, MD at 11/17/2025 12:44 PM

Chief Complaint

Patient presents with

- Results

Patient presents for initial medical evaluation. Patient is followed on a regular basis by Dr. No primary care pr

CAD STEMI

9/25/2025 successful PCI of mid LAD DES x 1

9/26/2025 successful angioplasty of mid LAD and aspiration thrombectomy due to acute stent thrombosis

9/28/2025 revision of mid LAD stent due to ST elevations on EKG and telemetry. Mid LAD stent widely patent

Hypertension

Hyperlipidemia

Ischemic cardiomyopathy EF 30 to 35% by TTE 9/25/2025 currently patient wearing a LifeVest

Cardiac studies:

TTE 9/25/2025 EF 30 to 35%

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11/17/2025

Follow-up on CAD and recent coronary angiogram

Patient underwent coronary angiogram, LAD stent widely patent, rest of the arteries mild CAD

Patient reports being very physically active

Patient went hiking this last Saturday, there were some steep roads

No cardiac limitations with this activity

Patient reports that he is also using his stationary bike, he is biking almost at the same speed as before he ha

No cardiac limitations with this activity either

Blood pressure 90/60

Patient denies chest pain or shortness of breath

No more dizziness specially when bending over

10/27/2025

Follow-up on CAD

Patient comes with wife for this appointment

Patient participating in cardiac rehab

Patient reports feeling well with this activity

Currently patient wearing his LifeVest

I would like to obtain an echocardiogram, if EF is above 35% patient can then return his LifeVest

Blood pressure today 104/70

No leg swelling

10/7/2025

First clinic visit follow-up on recent hospitalization

At the end of last month patient was admitted to the hospital due to chest pain

Patient was emergently brought to the Cath Lab as a code purple

Patient was found with mid LAD 100% thrombotic occlusion status post PCI

Subsequently the day after patient had to come back to the Cath Lab due to chest pain, patient had acute in thrombectomy and angioplasty

Third day patient was brought to the Cath Lab for stent revision

Stent at that time looked widely patent rest of the arteries mild disease

Today patient comes with wife for this appointment

Patient reports feeling well

Last night patient had an episode of left sided bottom of the rib cage pain

It seems like this pain got better after patient drank some water

Patient denies angina pain

Reports being active walking around

Patient walks a couple miles each day no cardiac limitations

Blood pressure today 110/74

Patient Active Problem List

Diagnosis

- ST elevation myocardial infarction involving left anterior descending (LAD) coronary artery (HCC)
- Syncope and collapse
- Coronary atherosclerosis of native coronary artery
- Ischemic cardiomyopathy

Past Surgical History:

Procedure	Laterality	Date
• CARDIAC PROCEDURE	N/A	9/25/2025
Left heart cath / coronary angiography performed by Cortes, Manuel, MD at MLOZ CARDIAC CATH LAB		
• CARDIAC PROCEDURE	N/A	9/25/2025
Percutaneous coronary intervention performed by Cortes, Manuel, MD at MLOZ CARDIAC CATH LAB		
• CARDIAC PROCEDURE	N/A	9/26/2025
Left heart cath / coronary angiography performed by Cortes, Manuel, MD at MLOZ CARDIAC CATH LAB		
• CARDIAC PROCEDURE	N/A	9/26/2025
Percutaneous coronary intervention performed by Cortes, Manuel, MD at MLOZ CARDIAC CATH LAB		
• CARDIAC PROCEDURE	N/A	9/28/2025
Left heart cath / coronary angiography performed by Cortes, Manuel, MD at MLOZ CARDIAC CATH LAB		

Social History

Socioeconomic History	
• Marital status:	Married
Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Vaping Use	
• Vaping status:	Never Used
Substance and Sexual Activity	

- Alcohol use: Never
- Drug use: Never

Social Drivers of Health

Food Insecurity: No Food Insecurity (9/25/2025)

Hunger Vital Sign

- Worried About Running Out of Food in the Last Year: Never true
- Ran Out of Food in the Last Year: Never true

Transportation Needs: No Transportation Needs (9/25/2025)

PRAPARE - Transportation

- Lack of Transportation (Medical): No
- Lack of Transportation (Non-Medical): No

Housing Stability: High Risk (9/25/2025)

Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: Yes
- Number of Times Moved in the Last Year: 0
- Homeless in the Last Year: No

No family history on file.

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• empagliflozin (JARDIANCE) 10 MG tablet	Take 1 tablet by mouth daily	90 tablet	3
• aspirin 81 MG chewable tablet	Take 1 tablet by mouth daily	30 tablet	5
• atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet by mouth nightly	30 tablet	5
• prasugrel (EFFIENT) 10 MG TABS	Take 1 tablet by mouth daily	90 tablet	5

• nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	Place 1 tablet under the tongue as needed for Chest pain (Hold if BP < or equal to 100) up to max of 3 total doses. If no relief after 1 dose, call 911.	25 tablet	3
• sacubitril-valsartan (ENTRESTO) 24-26 MG per tablet	Take 0.5 tablets by mouth 2 times daily	180 tablet	5

No current facility-administered medications for this visit.

Patient has no known allergies.

Review of Systems:

Review of Systems

Constitutional: Negative for activity change, chills, diaphoresis and fever.

HENT: Negative for congestion, ear pain, nosebleeds and rhinorrhea.

Eyes: Negative for redness and visual disturbance.

Respiratory: Negative for apnea, cough, chest tightness, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal pain, constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for difficulty urinating and dysuria.

Musculoskeletal: Negative. Negative for joint swelling.

Skin: Negative for color change, rash and wound.

Neurological: Negative for dizziness, syncope, weakness, numbness and headaches.

Psychiatric/Behavioral: Negative.

VITALS:

Blood pressure 90/60, pulse 57, resp. rate 16, weight 72.6 kg (160 lb), SpO2 99%.

Body mass index is 25.84 kg/m^2.

Physical Examination:

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

Appearance: Normal appearance.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion and neck supple.

Skin:

General: Skin is warm.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time. Mental status is at baseline.

Psychiatric:

Mood and Affect: Mood normal.

EKG: normal sinus rhythm

No orders of the defined types were placed in this encounter.

The ASCVD Risk score (Arnett DK, et al., 2019) failed to calculate for the following reasons:

Risk score cannot be calculated because patient has a medical history suggesting prior/existing ASCVD

ASSESSMENT:

	Diagnosis	Orders
1.	**Cardiomyopathy, unspecified type (HCC)**	
2.	ST elevation myocardial infarction involving left anterior descending (LAD) coronary artery (HCC)	

PLAN:

CAD STEMI

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Continue aspirin and atorvastatin indefinitely for secondary prevention of CAD

Continue Effient 10 mg daily. At least for 1 year

Patient had acute thrombosi of his stent condition thought to be related to ticagrelor insensitivity

Refer patient to cardiac rehab

Ischemic cardiomyopathy EF 30 to 35% by TTE 9/25/2025 currently patient wearing a LifeVest

Continue Entresto

No beta-blocker since patient is bradycardic up baseline.

No diuretics no signs of fluid overload

Continue Jardiance

Follow-up echocardiogram after 12/25/2025 3 months after his heart attack

If EF is above 35% patient can then return his LifeVest

If EF is below 35% I would then recommend an ICD

Patient not yet stable to travel back to Norway