



**BARTZOKIS, RUBENSTEIN & SERVOSS, M.D., P.L.**  
**Cardiovascular Medicine**

Thomas C. Bartzokis, M.D., F.A.C.C.  
 Mark H. Rubenstein, M.D., F.A.C.C.  
 Stephen J. Servoss, M.D., F.A.C.C.

Debra A. Becker, M.D., F.A.C.C.  
 Barry S. Merrill, M.D., F.A.C.C.  
 Michael W. Cammarata, M.D., F.A.C.C.  
 Andrew W. Panakos, M.D., F.A.C.C.

**Office Visit**

DATE: 12/30/2021

RE: **BERNSTEIN, ELIOT** 81186  
 DOB: 9/30/1963

**Physicians**

REFERRING PHYSICIAN: Cartledge, Richard  
 REFERRING PHYSICIAN: Kloosterman, Rosenbaum  
 REFERRING PHYSICIAN: Loutfi, Chadi

I had the pleasure of seeing Eliot in the office today in follow-up after his recent hospital stay. He has a history of sick sinus syndrome, status post Medtronic pacemaker placement, history of tobacco abuse, having just quit, and multivessel coronary artery disease, awaiting CABG.

- In December 2021, he was admitted to BRRH with symptomatic sick sinus syndrome. He underwent urgent Medtronic pacemaker placement.
- For the finding of an abnormal EKG, he underwent cardiac catheterization, notable for high-grade disease involving the LAD, left circumflex system, and a collateralized occlusion of the RCA.
- Echocardiography was notable for an ejection fraction of 50-55% with left ventricular hypertrophy.
- Given his extensive smoking history, as well as dyspnea and cough during his hospital stay, he was seen by Dr. Loutfi of pulmonology. Optimization of pulmonary status was recommended prior to CABG.

Since his return home from the hospital, he has been stable overall. He denies chest discomfort. He still notes dyspnea. He denies presyncope or syncope.

**Medications**

Vitamin C, probiotic, oxycodone 5-325mg 1tab q 6hr; trileg, Aspirin Low Dose 81mg qd, metoprolol tartrate 25mg bid, atorvastatin 80mg hs, Isosorbide mononitrate 30mg qd, amlodipine 5mg bid

**Review of Systems**

As per separate checklist.

**Vitals**

Height: 68 in, Weight: 232 lbs, Pulse rate: 67, Blood pressure: 110/70 mm Hg, BMI: 35.272

**Physical Examination**

Well appearing, no acute distress.

HEENT: Carotids 2+ bilaterally. No bruits. No JVD.

Lungs: Clear to auscultation and percussion.

Cardiovascular: Left-sided pacer generator site is healing well. Ecchymosis involving left side of his chest. Focal, nondisplaced PMI. Regular rate and rhythm. Normal S1/S2. 1/6 holosystolic murmur at the left sternal border. No rubs or gallops.

Abdomen: Bowel sounds present. Soft, nontender, nondistended. No abdominal bruits.

Extremities: No cyanosis, clubbing or edema. Distal pulses intact.

EKG: Sinus rhythm. Nonspecific ST-T wave abnormalities.

**Impression**

1. Multivessel coronary artery disease I25.810: He will be seen cardiac surgery on January 4, 2022 to schedule coronary artery bypass graft surgery. It would be ideal if this could be done sooner rather than later. I have instructed him to contact 911 immediately if he develops chest discomfort or worsened dyspnea.
2. Symptomatic sick sinus syndrome, status post Medtronic pacemaker placement Z95.0: No presyncope or syncope following device placement. Follow-up with EP anticipated.
3. Hypertension I10: Bud pressure favorable.
4. Hyperlipidemia E78.00: Now on statin therapy.
5. History of tobacco abuse: He has quit smoking. He states that his breathing is better than it has been in quite some time. He is utilizing Trelegy under the guidance of pulmonology.

**Addendum**

Thank you very much for allowing me to share in ELIOT BERNSTEIN's care. Please excuse any typographical errors present in this letter as it was composed utilizing voice recognition technology.

Digitally signed by Stephen Servoss, M.D., F.A.C.C.  
12/30/2021 12:37:17 PM