

## Office Visit - Jul 31, 2025

with Deanna Salinas, NP at Roseville Cardiology Medical Associates

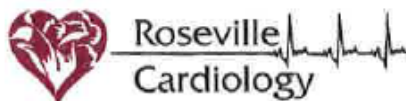
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### Notes from Care Team

This page contains your personal health information related to a specific office visit. ▾

## Progress Notes

Deanna Salinas, NP at 07/31/25 0915



**Patient : Barry Laurence Hills**  
**MRN: 61147341**  
**DOB: 4/18/1956**  
**PCP: Dylan Benjamin Hickey, DO, MD**

#### Reason for Referral/Follow up and chief complaint:

**Evaluation and/or management of HOCM, paroxysmal atrial fibrillation, hypertension, dyslipidemia, and palpitations**

#### HPI:

Barry Laurence Hills is a 69 year old male who is seen in the office today for Continuation of Care. Primary cardiologist is Dr. Go, last seen in July 2025. Patient has known cardiac history of HOCM, paroxysmal atrial fibrillation, hypertension, dyslipidemia, palpitations, and aortic aneurysm. At last visit with Dr. Go, patient reported palpitations and chest "twinges". Patient was scheduled for a cardioversion. Patient returns to the office today for routine follow up.

Since last visit, patient underwent a cardioversion with Dr. Go. Patient reports continued palpitations. He also endorse fatigued. Otherwise, Patient denies chest pain, shortness of breath, syncope, dizziness, edema, orthopnea and PND. Patient denies any melena, hematochezia or hematuria on blood thinners. Patient reports home monitor reporting patient is in atrial fibrillation.

#### Treatment plan & Recommendations:

#### VISIT DIAGNOSIS

(I48.0) Paroxysmal atrial fibrillation (CMS/HCC) (primary encounter diagnosis)  
(Z98.890, Z86.79) S/P ablation of atrial fibrillation  
(I42.1) HOCM (hypertrophic obstructive cardiomyopathy) (CMS/HCC)  
(E78.5) Dyslipidemia  
(I10) Essential hypertension

(I71.21) Aneurysm of ascending aorta without rupture (CMS/HCC)  
(R00.2) Palpitations

### 1. **HOCM**

- Pt referred to HF clinic for evaluation of treatment with mavacamten
- Echo completed however results not available for my review

### 2. **Dyslipidemia**

- Last lipid profile from 6/11/25, TG 107 HDL 49 LDL 65
- Maintained on rosuvastatin 10 mg daily
- With regards to cardiovascular risk reduction, you should eat a diet low in fat and cholesterol and engage in regular exercise at least 5 times per week for 30 minutes per day. For additional information, please visit [heart.org/movemore](http://heart.org/movemore)

### 3. **Hypertension**

- BP stable in office
- Continue lisinopril 5 mg daily and metoprolol 100 mg BID
- Monitor BP and maintain BP diary

### 4. **Aortic aneurysm**

- CCTA from 6/2025 revealed dilation of ascending aorta measuring 47 mm (4.7 cm) x 47 mm (4.7 cm)- unchanged from 10/2019
- Echo completed however results not available for my review

### 5. **Paroxysmal atrial fibrillation s/p RF and PVI ablation**

#### 6. **Palpitations**

- s/p cardioversion 7/24/2025
- Clinically, pt remains in sinus rhythm with PACs
- Continue amiodarone 400 mg daily, metoprolol 100 mg BID, and Eliquis 5 mg BID

Other pertinent medical problems:

**Return to clinic:** In August with Dr. Go as scheduled

#### **Cardiac Investigations:**

**ECG 7/31/25:** sinus rhythm with PACs

#### **TEE 6/21/2024**

##### **CONCLUSIONS**

- Left ventricle is normal in size.
- Normal global systolic left ventricular function.
- LVEF estimated visually at 55 %.
- Left ventricle wall thickness is moderately increased.
- There are no regional wall motion abnormalities.
- Interventricular septal thickness is moderately increased.
- The left atrium is dilated.
- No thrombus is identified.
- There is evidence of an iatrogenic atrial septal defect by color Doppler.
- Mild mitral regurgitation.

Comparison Study:

Comparison was made with the previous study of 10/04/2022.

**Event Monitor 02/14/2025**

Date of study: 01/14/2025 - 02/12/2025

Conclusions:

Patient monitored for 26d 17h 28m

41 events were transmitted. 16 patient triggered; 25 auto triggered

Heart Block occurred 21 time(s) the most severe 1°; slowest 39 BPM

39,317 PACs with PAC burden of 2%

5,276 PVCs with PVC burden of <1%

### Cardioversion 04/29/2025

### Cardioversion 05/19/2025

### CT Heart 7/1/2025

IMPRESSION:

1. Agatston Calcium Score of 349.0. This calcium score is at the 68th percentile for subjects of the same age, gender, and race/ethnicity who are free of clinical cardiovascular disease and treated diabetes (McLelland et al. Circulation 2006;113:307).
2. Right dominant coronary artery circulation.
3. Less than 25% stenosis in the left main, proximal and mid LAD, proximal circumflex, and proximal RCA.
4. There is 25-49% stenosis in the 1st obtuse marginal.
5. Evaluation of the distal LAD, distal RCA, PDA, PLB, and distal circumflex is limited due to high image noise.
6. Dilated left atrium and left atrial appendage.
7. Question patent foramen ovale with minimal left to right shunt.
8. Tricuspid aortic valve with moderate calcification of the noncoronary and left coronary cusps. Calcifications extend from the non coronary and left coronary cusps into the LVOT.
9. Aortic stenosis. The noncoronary cusps is not mobile and there is decreased motion of the left coronary cusp.
10. Aneurysmal dilation of the ascending thoracic aorta, measuring about 47 x 47 mm in diameter, unchanged compared to 10/01/2019.
11. Dilated main pulmonary artery, measuring about 44 mm in diameter, compared to 40 mm in diameter on 10/01/2019.
12. Bronchial wall thickening in the bilateral lower lobes.
13. Thin multilevel anterior syndesmophytes suggestive of ankylosing spondylitis.

### LABWORK:

#### Cardiac Markers:

#### Lab Results

Lab	Value	Date/Time
TROPI	15	10/12/2023 01:16 PM
TROPI	17	02/07/2023 10:08 AM
CK	370	10/12/2023 01:15 PM
CK	247	03/18/2021 05:45 AM
CK	245	03/18/2021 12:22 AM
CKMB	5.3	10/12/2023 01:15 PM
CKMB	2.5	03/18/2021 05:45 AM
CKMB	2.4	03/18/2021 12:22 AM
CKMBP	1.4	10/12/2023 01:15 PM
CKMBP	1.0	03/18/2021 05:45 AM
CKMBP	1.0	03/18/2021 12:22 AM

#### ProBNP markers:

#### Lab Results

Lab	Value	Date/Time
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NTBNP	1,848	03/18/2021 12:22 AM
NTBNP	2,712	03/17/2021 08:11 PM
NTBNP	515	02/26/2021 11:07 AM

Lipids:

**Lab Results**

Lab	Value	Date/Time
LDL	65	06/11/2025 07:17 AM
LDL	58	03/13/2025 07:54 AM
LDL	73	02/16/2024 06:46 AM
HDL	49	06/11/2025 07:17 AM
HDL	44	03/13/2025 07:54 AM
HDL	46	02/16/2024 06:46 AM

Patient has no known allergies.

Current Medications

**Current Outpatient Medications**

Medication	Sig
• cyanocobalamin SL (VITAMIN B-12) 1000 MCG SUBL	Apply/place one Tab under the tongue daily
• levothyroxine (LEVOXYL) 175mcg Tab	Take one Tab by mouth daily Take on an empty stomach 1 hour before eating. Do not combine with other medications or supplements
• metoprolol tartrate (LOPRESSOR) 100mg Tab	Take one Tab by mouth twice daily Take one tablet by mouth twice daily. May take 3rd dose as needed for palpitations
• lisinopril (PRINIVIL, ZESTRIL) 5mg Tab	Take one Tab by mouth daily
• amiodarone (CORDARONE, PACERONE) 400mg Tab	Take one Tab by mouth daily
• ALPRAZolam (XANAX) 0.5mg Tab	TAKE 1 TABLET BY MOUTH THREE TIMES A DAY AS NEEDED
• ELIQUIS 5 MG Tab	TAKE 1 TABLET BY MOUTH TWICE A DAY
• rosuvastatin (CRESTOR) 10mg Tab	Take one Tab by mouth daily
• pantoprazole (PROTONIX) 20mg EC Tab	TAKE ONE TABLET BY MOUTH DAILY 30 MINS BEFORE BREAKFAST FOR GASTROESOPHAGEAL REFLUX DISEASE
• folic acid 1mg Tab	TAKE 1 TABLET BY MOUTH EVERY DAY (NOT COVERED BY INSURANCE)
• Probiotic Product (PROBIOTIC BLEND PO)	Take by mouth daily OTC, unknown dose
• ZINC PO	Take by mouth
• Cholecalciferol (VITAMIN D-1000 MAX ST PO)	Take by mouth
• ferrous sulfate 325mg Tab	Take one Tab by mouth twice daily with meals
• docusate sodium (COLACE) 100mg Cap	Take four Caps by mouth twice daily
• Coenzyme Q10 (CO Q 10) 100 MG CAPS	Take 300 mg by mouth every morning

No current facility-administered medications for this visit.

**Medical History**

Sourc

Diagnosis	Date	Comment	e
Essential hypertension, benign	09/28/2016		
HLD (hyperlipidemia)	09/28/2016		
IHSS (idiopathic hypertrophic subaortic stenosis) (CMS/HCC)	09/28/2016		
PSVT (paroxysmal supraventricular tachycardia) (CMS/HCC)	09/28/2016		
Vascular disease	09/28/2016		
Depression	09/28/2016		
Pulmonary disease	09/28/2016		
Gastrointestinal disease	09/28/2016		
Ascending aortic aneurysm (CMS/HCC)			
Coloboma of eye			
HOCM (hypertrophic obstructive cardiomyopathy) (CMS/HCC)			
OSA on CPAP		leave at home	



### Patient Active Problem List

Diagnosis	Date Noted
• Acute postoperative anemia due to expected blood loss <i>Priority: Medium</i>	06/25/2024
• GERD (gastroesophageal reflux disease) <i>Priority: Medium</i>	06/25/2024
• Paronychia of finger	04/04/2025
• Closed fracture of distal end of radius	02/28/2025
• Injury of face	02/28/2025
• Injury of wrist	02/28/2025
• Hypertensive disorder	02/28/2025
• Ventricular arrhythmia	02/28/2025
• Hypothyroidism	06/25/2024
• S/P ablation of atrial fibrillation	06/21/2024
• Pseudoaneurysm of femoral artery following procedure (CMS/HCC)	06/21/2024
• Bleeding	06/21/2024
• Aortic aneurysm (CMS/HCC)	11/02/2021
• Sepsis	03/17/2021
• Iron-deficiency anemia	03/17/2021
• Bradycardia	
• Acute kidney injury (nontraumatic) (CMS/HCC)	
• Proteus UTI	
• Paroxysmal atrial fibrillation (CMS/HCC)	04/01/2020
• Chronic venous stasis	07/24/2019

• Memory changes	07/24/2019
• External ear disorder, bilateral	07/24/2019
• Drop in hemoglobin	07/24/2019
• Hydradenitis	02/26/2019
• GERD with esophagitis	02/26/2019
• Asthma (HHS/HCC)	11/07/2018
• OSA on CPAP	05/10/2018
• Dysuria	08/19/2017
• Vitamin D deficiency	02/27/2017
• Elevated PSA	01/26/2017
• Hypovitaminosis D	01/26/2017
• Hypogonadism in male	01/26/2017
• Elevated TSH	01/12/2017
• Morbid obesity	01/12/2017
• Thoracic aortic aneurysm	11/28/2016
• Essential hypertension	09/28/2016
• Hyperlipidemia	09/28/2016
• IHSS (idiopathic hypertrophic subaortic stenosis) (CMS/HCC)	09/28/2016
• HOCM	09/15/2016

**Past Surgical History:**

Procedure	Laterality	Date
• AV NODE ABLATION		
• CARDIAC ELECTROPHYSIOLOGY PROCEDURE <i>Procedure: Ablation atrial fibrillation; Surgeon: Jurisich, Peter D, DO; Location: SAMC INVASIVE CV LAB; Service: Cardiology; Laterality: N/A;</i>	N/A	06/21/2024
• RADIOVERSION x2		07/2020
• HX PAROTIDECTOMY <i>Pt states had a left side parotid surgery at 6 weeks of age</i>	Left	1956
• HX REMOVAL GALLBLADDER		
• OTHER INFORMATION <i>GROIN STENT FROM ABLATION PROCEDURE</i>	Right	
• PVI PULM VEIN ISOLATION		06/23/2020

Family History

**Family History**

Problem	Relation	Name	Age of Onset
• Cerebrovascular Disease/Stroke	Mother		
• Hypertension	Mother		
• Cancer	Father		
• Unknown <i>No known heart conditions/ fluid drained from the pericardium</i>	Father		
• Diabetes	Other		
• Unknown <i>No known heart conditions</i>	Sister		
• Unknown <i>No known heart conditions</i>	Brother		
• Unknown <i>No known heart conditions</i>	Brother		
• Unknown <i>No known heart conditions</i>	Brother		
• Unknown <i>No known heart conditions</i>	Brother		

- Unknown Daughter  
*No known heart conditions*
- Unknown Daughter  
*No known heart conditions*

He indicated that his mother is deceased. He indicated that his father is deceased. He indicated that the status of his sister is unknown. He indicated that the status of his other is unknown.

#### Social Hx not Including Intimate Partner Violence

#### **Social History**

##### Socioeconomic History

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

##### Occupational History

- Occupation: Retired

##### Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

##### Vaping Use

- Vaping status: Never Used

##### Substance and Sexual Activity

- Alcohol use: No  
*Comment: Rare occasion*
- Drug use: Not Currently  
Frequency: 1.0 times per week  
Types: Marijuana, Oral  
*Comment: CBD/THC gummies*
- Sexual activity: Not Currently  
Partners: Female

##### Other Topics

- Concern

##### Social History Narrative

- Not on file

#### **Social Drivers of Health From This Encounter**

Core SDOH Screening Questions: Not on file

Alcohol Use: Not on file

Tobacco Use: Not on file

Food Insecurity: Not on file

Financial Resource Strain: Not on file

Physical Activity: Not on file

Transportation Needs: Not on file

Social Connections: Not on file

Stress: Not on file

Depression: Not on file

Utilities: Not on file

Education: Not on file

Housing Stability: Not on file

#### **Physical Exam:**

BP 108/68 | Pulse 52 | Ht 1.905 m (6' 3") | Wt (!) 165.1 kg (364 lb) | SpO2 96% | BMI 45.50 kg/m<sup>2</sup>

Weight change since 07/25/2025:

increase 1 lb (0.454 kg) 0.3%

Gen: Not in distress, appears stated age

Chest: Clear. No rales or ronchi.

CV: regular S1 S2. No murmur appreciated, No edema of BLE.

Musculoskeletal:no clubbing, No edema

Neuro: no focal deficits

### **Imaging Reports:**

Reviewed.

This report was created in EPIC. Pertinent labs and recent cardiac tests and procedures have been reviewed for this evaluation within EPIC. Some of the reviewed data may not be present within this progress note. I have reviewed the patients past, family and social history, ROS and physical exam are also documented in the body of this dictation and have been personally reviewed along with all data auto populated into this note. The Problem Overview for various problems was reviewed and edited as deemed appropriate.

I have personally reviewed this data and report has been created by me. Information entered by the medical assistant has been personally reviewed.

Electronically signed by Deanna M Salinas, NP on 7/31/2025

**Deanna M Salinas, NP**

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Report generated on:7/31/2025