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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Appellate Panel of the South Carolina Workers' Compensation Commission

R. Michael Campbell, II; Avery B. Wilkerson, Jr.; Aisha Taylor
South Carolina Workers' Compensation Commissioners

Case No. 1614297
Appellate Case No. 2021-000669

Kenneth D. Christian, Employee,

Appellant,

v.

Sew Eurodrive, Inc., Employer and
Great American Alliance Insurance Company, Carrier,

Respondents.

RECORD ON APPEAL

VOLUME III

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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1614297

KENNETH DORSEY CHRISTIAN,	)	
	)	
CLAIMANT,	)	DEPOSITION
	)	
VS.	)	OF
	)	
SEW EURODRIVE, INC.,	)	GORDON EARLY, M.D.
	)	
EMPLOYER,	)	
	)	
AND	)	
	)	
GREAT AMERICAN ALLIANCE	)	
INSURANCE COMPANY,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	

THE DEPOSITION OF GORDON EARLY, M.D., TAKEN BEFORE
HOLLY W. WILSON, PROFESSIONAL VERBATIM REPORTER AND NOTARY
PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT
THE HOUR OF 8:45 A.M., TUESDAY, THE 27TH DAY OF AUGUST,
2019, AT OCCUPATIONAL MEDICINE AND MEDICAL TOXICOLOGY
CONSULTANT, 1241 BOILING SPRINGS ROAD, SPARTANBURG, SOUTH
CAROLINA.

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*DIGITALLY RECORDED AUDIO RETAINED FOR TWELVE (12) MONTHS
FROM DATE OF CERTIFICATION.

STIPULATIONS

IT IS STIPULATED BY AND BETWEEN COUNSEL
FOR THE RESPECTIVE PARTIES THAT ALL OBJECTIONS
ARE RESERVED UNTIL THE TIME OF TRIAL, EXCEPT
AS TO THE FORM OF THE QUESTION.

THIS DEPOSITION IS BEING TAKEN PURSUANT
TO THE SOUTH CAROLINA RULES OF CIVIL PROCEDURE.

- - - -

THE READING AND SIGNING OF THIS DEPOSITION IS
WAIVED BY THE DEPONENT AND COUNSEL FOR THE RESPECTIVE
PARTIES.

WHEREUPON, GORDON EARLY, M.D., BEING DULY
SWORN AND CAUTIONED TO SPEAK THE TRUTH, THE WHOLE
TRUTH, AND NOTHING BUT THE TRUTH, TESTIFIED AND DEPOSED
AS FOLLOWS:

EXAMINATION

BY MR. PHILLIPS:

Q Dr. Early, we met a few minutes ago. My name is Thomas
Phillips, and I represent Ken Christian in his workers'
compensation claim. We're here today to discuss an
opinion you rendered in this case. Are you familiar
with the report to which I am referring?

A Yes.

Q Okay. And I believe I know the answer to this
question, but have you ever given a deposition before?

1 A Yes.

2 Q Okay. Were all in a capacity as an expert witness?

3 A Yes.

4 Q All right. Well, just a refresher. The lady in front
5 of me and in front of you, she's a court reporter.
6 She's taking down everything that we say. So, it's
7 important to speak loudly, clearly; avoid head nods,
8 uh-huhs, uh-uhs, things like that.

9 Please state your full name for the record.

10 A Ira Gordon Early, Jr.

11 Q And, Dr. Early, can you give us a brief rundown of your
12 educational background and training?

13 A Okay. I brought this for you too (indicating), if you
14 want to pass that down.

15 Q Is that your CV?

16 A Yes.

17 Q Okay.

18 MR. PHILLIPS: We will mark that as Claimant's 1.

19 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
20 NUMBER 1, CURRICULUM VITAE, ATTACHED.)

21 THE WITNESS: Oh, you want me to go through that?

22 MR. PHILLIPS: Just briefly. If you could, just
23 run over it very quickly.

24 THE WITNESS: Okay. I went to college at Emory
25 University, and I went to medical school at University

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1 of Chapel Hill - North Carolina. I did Family Practice
2 Residency at University of Colorado, and did
3 Occupational Medicine Residency at Duke University. In
4 the process of doing Occupational Medicine Residency,
5 you get a master's in public health, which I got in
6 epidemiology at University of North Carolina - Chapel
7 Hill.

8 BY MR. PHILLIPS:

9 Q Okay. In what areas are you Board certified?

10 A I am not Board certified. I am Board eligible in
11 occupational medicine, preventive medicine and medical
12 toxicology.

13 Q And, tell me, what does Board eligible mean?

14 A That means that I can take the board exams, but I am
15 planning to take them in the next year.

16 Q Okay. Has your license ever been suspended or revoked?

17 A Yes, it has.

18 Q And for what?

19 A For five weeks in 2017, for out-of-date medications.

20 Q Is that all?

21 A That was the reason that it was revoked.

22 Q Okay. And how long have you had it back?

23 A Since March 15th of 2017.

24 Q Okay. And you're in good standing now?

25 A Yes.

1 Q Okay. And where are you currently employed?

2 A Here, at Upstate Occ Med.

3 Q Okay. And what is your position here?

4 A Medical director.

5 Q Okay. What's your main focus -- what's the main focus
6 for your practice?

7 A It's divided into two parts. There is a primary care
8 part that's called Wellness Family Medicine, and there
9 is an occupational medicine part that's called Upstate
10 Occ Med. And a clinical part is -- of medicine is
11 probably about two-thirds -- for me it's two-thirds
12 primary care and about a third occupational medicine.
13 But in the non-clinical file review, it's all
14 occupational medicine and toxicology.

15 Q Okay. And how long have you done just those areas?

16 A The primary care?

17 Q Yeah.

18 A Primary care I've done since the late '80s, you know,
19 since family practice residency. The occ med I've done
20 since the mid '90s, since Occupational Medicine
21 Residency and Toxicology.

22 Q Okay. And do you believe toxicology is an important
23 aspect of determining Mr. Christian's condition and
24 diagnosis in this case?

25 A I do.

1 Q Why?

2 A I think that the issue of attribution needs to be
3 addressed. I think that the notes that I reviewed do
4 not focus upon the issue of attribution. I never
5 really saw any -- in the notes that I looked at, I
6 didn't see a thorough evaluation of attribution.

7 Q Okay. And in this case, did you render an opinion
8 regarding Mr. Christian's lung injuries?

9 A Yes, I did.

10 Q And what was the overall conclusion of that opinion?

11 A I thought that it was unlikely that his work-related
12 exposures were the cause of his hypersensitivity
13 pneumonitis.

14 Q Okay. And how did you reach that conclusion?

15 A I reached that conclusion because the ---

16 Q I mean, I think what I am getting at is what
17 information did you review in order to get to that
18 conclusion?

19 A Okay. I reviewed medical records from St. Francis --
20 what -- do you want me to go through them all because I
21 listed them?

22 Q No, basically, just medical records?

23 A Right. Uh-huh.

24 Q And where did you get that information?

25 A They were provided to me by the insurance carrier.

1 Q Okay. Did you read Mr. Christian's deposition
2 transcript?

3 A No.

4 Q Okay. In your report, you discussed Mr. Christian's
5 exposure to solder, obviously, and you discussed the
6 amount of exposure. Now how did you come to know the
7 amount of exposure?

8 A I went to Southeast Eurodrive -- SEW Eurodrive, and I
9 had an onsite visit. I looked at the lab and analyzed
10 the lab. I reviewed the amount of solder that had been
11 ordered over the previous 15 years, and reviewed the
12 MSDSs for the products that had been used for the
13 previous 15 years.

14 Q Okay. And do you believe that Ken would be in a better
15 position to tell you his exposure to the solder?

16 A I think that -- I don't know about better position. I
17 think that what he has to say would be relevant.

18 Q Okay. And the reports you were referring to, were
19 those the reports that were sent to you by the defense
20 attorney?

21 A Correct. Well, I think they were sent to me by the
22 safety department.

23 Q Okay. And if I'm -- if I remember -- recall correctly
24 -- and I've looked at those reports as well, and those
25 reports were just from 2006. Is that your

1 understanding?

2 A It may be. I thought it was 15 years, but it may be 13
3 years.

4 Q Thirteen years ago, but it was a one-year period.

5 A Okay.

6 Q So do you think that's accurate and reflective of Mr.
7 Christian's exposure over 30 plus years at SEW, a one-
8 year sample?

9 A Well, I think that the question is misleading. Can I
10 ask you to clarify the question?

11 Q Yes. The reports that you reviewed, they were from
12 2006. It was a one-year period.

13 A Uh-huh.

14 Q Now do you think that one year -- a one-year log is
15 representative of Mr. Christian's exposure over a 30
16 plus year career at SEW?

17 MR. RENFROW: I'm going to object to the form of
18 the question because you have not shown him what
19 records you're referring to, and what you're referring
20 to may not be what he's seen.

21 BY MR. PHILLIPS:

22 Q And I don't have those records, but assuming that it
23 was a one-year period, would that be reflective?

24 MR. RENFROW: Same objection. Go ahead.

25 BY MR. PHILLIPS:

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1 Q And you can answer. Would that be reflective of his 30
2 plus years at SEW?

3 A Well, there are a number of problems with the question,
4 but I'll answer it. The first problem is that he
5 didn't start working in the electronic repair shop
6 until 2000, and he only worked there from 2000 to 2016.
7 So his 30 plus year career at SEW was not 30 years in
8 electronic repair. So, I think I would confine the
9 report's relevance not to his 30 plus years but
10 relative to his 16 years in electronic repair.

11 So, confining the question to the 16 years of
12 electronic repair and saying would that one-year data
13 be relevant to his 16 years of the electronic repair?
14 I would say it could possibly, and most likely, could
15 be relevant to that, yes. It's a random sample of what
16 was going on in 2006, and I have no reason to believe
17 that what was going on in 2016 or '15 was any different
18 than what was going on in 2006.

19 Q Okay. So that's just an assumption on your part?

20 A Correct.

21 Q But we can agree that Mr. Christian would be able to
22 tell you his exposure to the solder.

23 A I think Mr. Christian's history is a relevant factor.

24 Q Okay. I actually took the deposition of SEW's person
25 most knowledgeable as to the safety policies and

1 procedures at SEW. And I'll show you -- let me find
2 it. And he agreed that Mr. Christian would be the
3 person most knowledgeable. And I'll hand you that, and
4 we'll mark that as Claimant's 2.

5 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
6 NUMBER 2, DEPOSITION, ATTACHED.)

7 THE WITNESS: (Reviewing.) Okay.

8 BY MR. PHILLIPS:

9 Q Okay. Now, after reading that, do you think it's a
10 fair statement to say that Mr. Christian is more
11 knowledgeable as to his exposure?

12 MR. RENFROW: Object to the form

13 THE WITNESS: More knowledgeable than ---

14 BY MR. PHILLIPS:

15 Q More knowledgeable then?

16 A No. When you say more knowledgeable, it has to be
17 compared to something. More knowledgeable t-h-a-n,
18 than ---

19 Q Versus a one-year data report.

20 A I can't say that. Everybody -- you know, in
21 epidemiology we talk about historical bias, and we talk
22 about recall bias. And in epidemiology there is a huge
23 recall bias when somebody gets sick. You know, it's
24 most famous for teratogens. You know, when a mother
25 has a bad baby, there is a huge recall bias. Where

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1 she's combing her mind trying to figure out why the
2 baby turned out bad. And, so, she'll remember every
3 single potential bad exposure she had. And it's well
4 established in the literature. So, when somebody has a
5 bad outcome, they're always combing their history to
6 try to figure out why they had a bad outcome. And, you
7 know, I've yet to have a significant medical history.
8 So, I don't have -- I'm not prone to recall bias
9 because I'm not constantly combing my mind, trying to
10 figure out why I have HP, or why I have a teratogenic
11 birth, you know, why my kid has a Down's kid syndrome.

12 Q Okay.

13 A So you're asking a question that is ignorant of recall
14 bias.

15 Q Okay.

16 A I think that Mr. Christian is prone to recall bias, and
17 that recall bias is highly subjective. Now that
18 doesn't mean Mr. Christian is lying. Recall bias is
19 not about lying. It's about having a bias towards
20 something you're exposed to.

21 Q Okay. Okay. I -- and I'm going to move on. But just
22 to kind of sum this up, you think that the one-year
23 data report is reflective of his 16 years in the
24 electri- -- electronics department?

25 MR. RENFROW: Object to the form. It calls for

1 speculation.

2 THE WITNESS: I think it is more quantitative.

3 BY MR. PHILLIPS:

4 Q Do you think it's speculation that you use a one-year
5 data without looking at the other 15 years of data?

6 MR. RENFROW: Same objection.

7 THE WITNESS: I would ideally like to have the
8 other 15 years.

9 BY MR. PHILLIPS:

10 Q Okay. All right. In your report, you also mentioned
11 there were no respiratory devices in the lab. Is that
12 something you would recommend?

13 A No, it's not routine protocol, to my knowledge.

14 Q Okay. You also mentioned there was no overhead fans
15 and only negative pressure fans. Is that something you
16 would recommend?

17 A If there were adequate industrial hygiene data to
18 justify it, then there would be a need for overhead
19 han- -- fans. But I'm not aware of there being
20 industrial hygiene data to bring that up as a need.

21 Q Okay. And you further noted the presence of suction
22 fans. Did you have an opportunity to test out those
23 suction fans while you were there?

24 A I did.

25 Q Okay. And were they working properly?

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1 A Yeah, the four that I mentioned were. Then there was
2 one station where somebody had removed their suction
3 fan because, I guess, they didn't like it.

4 Q Okay. And what were the -- what techni- -- what were
5 the circumstances of the testing that you did on that
6 suction fan? How did ---

7 A Turned it on.

8 Q How did you test it?

9 A Just turned it on.

10 Q I mean, did you test it with actual smoke and fumes, or
11 you just turned it on to see if it was working?

12 A Well, actually, I did not touch it myself. So -- and,
13 you know, to tell the truth, I think there was just two
14 out of the four that were actually turned on. But to
15 be specific to the mechanism to as -- assess adequacy
16 of suction, there was only one where I assessed
17 adequacy of suction, and that was the one where there
18 was a demonstration of soldering.

19 Q Okay.

20 A And the solder iron was turned on and the fumes were
21 sucked into the fan, and the fumes were not able to be
22 seen outside of the fan.

23 Q Okay. All right. In your report, you mentioned a
24 working diagnosis of hypersensitivity pneumonitis.

25 A Correct.

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1 Q Can we agree, based on the medical reports, that Mr.
2 Christian suffers from HP?

3 A I think it is most likely that he does.

4 Q Okay. And it seems to me despite the lists of common
5 causes of HP in your report, that we've -- you've
6 narrowed it down to woodworking -- and I'm probably not
7 going to say this right, but aspergillus and mold.

8 A That's -- I would disagree with that.

9 Q Okay. Then tell me what you've narrowed it down to.

10 A I've said that the medical data that I reviewed, the
11 medical records that I reviewed, suggests that those
12 need to be entertained as possibilities.

13 Q Okay. Now, if we took those out, what do you think
14 would cause HP in Mr. Christian's case? If we took the
15 woodworking, aspergillus and the mold out of the
16 picture, what are you looking at?

17 A I don't know. I think that it's something that is
18 continuing to bother him after his departure from work.
19 His departure from work was roughly summer of 2016, and
20 his clinical progression has continued to worsen after
21 the summer of '16. And, so, I think the fact that he
22 has continued to worsen after the summer of '16 would
23 lead me to believe that his irritant has continued to
24 be an exposure issue after summer of '16.

25 Q Would you agree that continuous exposure to the

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1 allergen would cause permanent lung damage?

2 A I don't understand the question.

3 Q I'm going to hand you an article I printed out, and I
4 will read it to you. It says, "After an acute episode
5 of hypersensitivity pneumonitis, a person can usually
6 recover without treatment if he or she has no more
7 contact with the allergen. In serious cases, it may be
8 necessary to use medication -- certain medications they
9 list -- to lessen the symptoms and reduce inflammation
10 in the lungs. If episodes go on for a long period of
11 time or come back often, a person may suffer permanent
12 lung damage and growing difficulty with breathing." Do
13 you agree with that?

14 A May, yes.

15 Q Okay. And I'll let you look at that. I meant to hand
16 that to you. If you want to look at that, we'll mark
17 that as Claimant's 3.

18 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
19 NUMBER 3, ARTICLE, ATTACHED.)

20 THE WITNESS: Yes.

21 BY MR. PHILLIPS:

22 Q So, if Mr. Christian -- let's just say he was exposed
23 to solder for 16 years. Could that have caused
24 permanent lung damage in his case?

25 A I want to emphasize that that is one paper, and it says

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1 may. And it also says that the -- that typically there
2 is some improvement with the therapeutic intervention,
3 which in this case it lists various meds, most commonly
4 steroids. And in our case, there was no improvement
5 with removal from work. In our case, there was no
6 improvement with steroids, and there was a chronic
7 worsening. It just doesn't fit that the irritant was a
8 work-related irritant.

9 Q Okay. But if he -- if permanent lung damage had
10 already occurred before the removal, would he not
11 continue to have lung problems?

12 A Typically, no. The most common case -- if you look at
13 any of the textbooks, the most common case is that you
14 improve when you remove the irritant.

15 Q Okay. All right. And you obviously thought that the
16 woodworking, the mold, and the aspergillus were
17 important in this case; correct?

18 A What I said was the medical records supported that
19 there were other things, other than a work-related
20 cause, and these are three things I pulled from medical
21 records.

22 Q Okay.

23 A However, these were not the only three things.

24 Q Okay. What about woodworking is important in this
25 case?

1 A Yeah, somebody mentioned woodworking. Let me go in
2 here to find out who it was.

3 Q Well, I've seen -- I know where you're talking about.
4 I've pulled it and looked at it. I'm just asking what
5 about woodworking is important to your analysis.

6 A Woodworking is a fairly known exposure associated with
7 hypersensitivity pneumonitis. There are a number of
8 different woods that are associated with causing
9 hypersensitivity pneumonitis, and it's a well-
10 documented case. Cedar, oak, mahogany, pine and spruce
11 are well known to be causing hypersensitivity
12 pneumonitis. There are a slew of papers about this.
13 There's hardly any papers about solder, you know.
14 There's -- you know, tin and lead are the predominant
15 components of solder, and there are just hardly any
16 papers about this.

17 Q Okay. What type of ---

18 A So we're ---

19 Q --- exposure would someone in woodworking have to
20 develop HP?

21 A Usually cutting wood. Cutting the offensive woods. In
22 this case, the offensive woods are cedar, oak,
23 mahogany, pine and spruce. Aerosolizing of the wood,
24 and breathing in of the wood particles.

25 Q Okay. What if I told you woodworking was not one of

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1 Mr. Christian's hobbies, would that change your
2 opinion?

3 A It would, but it -- you know, it's not just a hobby
4 issue. It's also, you know, if you're building
5 something. So, let's say you're in the construction
6 industry and you're building a cedar floor, and you're
7 not doing it as a hobby, you're doing to renovate your
8 home.

9 Q Okay. So that one time -- that short period of
10 renovation, that would cause HP?

11 A Well, it depends on how long or short is, but it could.
12 You could develop acute HP if you did it for like a
13 three or four-month period.

14 Q So, after the renovation was over, the HP wouldn't
15 subside?

16 A It should improve.

17 Q Okay. Now let's talk about the mold and moisture
18 you're concerned about in the home. What about the
19 mold and moisture would cause Mr. Christian's
20 condition?

21 A There are a number of different molds associated with
22 HP, and these are outlined in my report. And the mold
23 and moisture issues are associated with fungal growth.
24 And, once again, it is the aerosolized exposure issue,
25 and you breathe in the mold.

1 Q So it would be -- based on your analysis, it would be a
2 continued repetitive exposure to the mold that was
3 present in the home?

4 A Correct.

5 Q Okay.

6 A Or -- present in wherever you were going, you know.

7 Q Okay.

8 A It could be the home. It could be a second home. It
9 could be your friend's home that you were frequently
10 in. It could be ---

11 Q Could it be at work?

12 A It could be at work, yes.

13 Q Okay. All right. I'm going to show you a report.

14 MR. PHILLIPS: And we'll mark this -- what are we
15 on, 4? This will be Claimant's 4. And this is a mold
16 report of Mr. Christian's home.

17 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
18 NUMBER 4, MOLD REPORT, ATTACHED.)

19 THE WITNESS: (Reviewing.)

20 MR. RENFROW: Let me state for an objection. Is
21 this a report that was in your prehearing brief, prior
22 to the last hearing being postponed?

23 MR. PHILLIPS: No.

24 MR. RENFROW: Okay. I'm going to object for now.

25 We can talk about it later. But to this being -- the

1 questions surrounding this report being admissible in
2 evidence.

3 MR. PHILLIPS: What's your objection?

4 MR. RENFROW: Well, they weren't timely submitted
5 prior to the last hearing.

6 MR. PHILLIPS: This was after the last -- before
7 we postponed.

8 MR. RENFROW: You got them postponed to take two
9 depositions, not to add more evidence. And I'm not --
10 I said we'll ---

11 MR. PHILLIPS: No, that's fine.

12 MR. RENFROW: We'll talk about it later. I'm
13 going to state my objection for now. Go ahead and ask
14 you questions.

15 MR. PHILLIPS: And I didn't actually obtain this
16 report.

17 MR. RENFROW: Okay.

18 THE WITNESS: So, usually, when you do a mold
19 inspection, you do what's called air sampling, where
20 you do indoor, outdoor air sampling with colonies per
21 square meter of air. And the company that did this
22 does not report on indoor versus outdoor air sampling.
23 And the way it reads is you typically have a table and,
24 in the table, you say where you sampled. Usually for,
25 like, you know, ten to twenty minutes, you have a fan

1 that sucks air through a filter, and then you analyze
2 what you get on the filter. And you compare indoor
3 versus outdoor. And this MIT, mold inspection testing,
4 company does not present the report with that data.
5 They don't list what was found on their swab testing.
6 They do say they found no evidence of moisture. They
7 don't list how long Mr. Christian has resided in this
8 house. They do list the date that the inspection was
9 done, but that's not relevant. And the inspection was
10 done on 7-31-19. Our concern is what was happening
11 between 2012 and '15. So, we don't even know if Mr.
12 Christian resided in this house in the time of concern.

13 So, this is nice, but it's just not answering the
14 questions that I have. You know, my questions are:
15 what was going on in 2012 to '15; and I would like to
16 see colonies per square meter cubed, comparing inside
17 versus outside.

18 Q But you would agree this report says that there is no
19 mold present in the home?

20 A The only place you're ever going to find no mold ---

21 MR. RENFROW: Object to the form of the question.

22 THE WITNESS: --- present in the home, is in
23 space. There's mold present everywhere on Earth.

24 BY MR. PHILLIPS:

25 Q But, I mean, at a level that would cause some type of

1 illness or disease.

2 MR. RENFROW: Object to the form of the question.

3 MR. PHILLIPS: What's your objection?

4 MR. RENFROW: Well, the report -- if you read the
5 report, your report, it says, "The lab analysis taken
6 show that elevated mold conditions do not exist at the
7 property." It doesn't say mold doesn't exist. It
8 doesn't say mold doesn't exist that could cause
9 problems. I'm just reading your report.

10 MR. PHILLIPS: Well ---

11 MR. RENFROW: And you're asking him to answer a
12 question based on something the report doesn't say.

13 BY MR. PHILLIPS:

14 Q Would you agree that the report concludes that there
15 are no elevated levels of mold in the home?

16 A I agree that it says that.

17 Q Okay. Well, does that affect your opinion at all?

18 A No, because it doesn't answer the question that I'm
19 interested in. I want to know what's going on between
20 2012 and 2015, when he's getting sick. I want to know
21 about his home environment during that time period.
22 And, ideally, I would like to know about what colonies
23 per meter cubed are inside versus outside during that
24 time period.

25 Q And why is that important?

1 A Because that's the standard way that you do a mold
2 evaluation.

3 Q Okay. But, again, if there's no -- if there's no
4 elevated mold levels now, and you're concerned about
5 years ago, wouldn't he be removed from the mold
6 situation now?

7 A I don't know if this is the house he lived in seven
8 years ago.

9 Q I will submit to you that it is.

10 A Uh-huh. Well, that would be relevant, if it is the
11 house he lived in seven years ago.

12 Q Okay. Well, let's talk about the aspergillus test.
13 And what they discussed in the medical records you
14 reviewed is basically a pinprick test; correct?

15 A Correct.

16 Q And this test was in 2015; correct?

17 A 2016.

18 Q 2016. Okay. Now what about a positive aspergillus
19 pinprick test would cause Mr. Christian's condition?

20 A I -- for one, I didn't say that it caused his
21 condition. I said that it needs to be entertained as a
22 possibilit- -- possible cause. But to generally
23 discuss the intent of your question, it shows that he
24 has an immune response to the aspergillus fungus.
25 Aspergillus is a genus, and it is rather uncommon to

1 have an immune response to aspergillus. It shows that
2 his body has developed an antibody to aspergillus. So,
3 his body has seen this genus of fungus and developed an
4 antibody to it.

5 Q Okay. Could the test be positive but the aspergillus
6 not be active?

7 A Could be.

8 Q Okay. Could it also be a false positive?

9 A Could be.

10 Q All right. Are you aware of any additional testing
11 that was performed based on that positive test?

12 A No. It was a one-time office visit with Allergy
13 Partners.

14 Q Okay. Would you agree that if the doctors were worried
15 about it, additional testing would have been ordered?

16 A You know, I'd like to comment on that.

17 Q Okay.

18 A Yeah, I don't think GHS knew about this evaluation. I
19 don't know how he got to Allergy Partners, but I never
20 saw any of the GHS doctors comment upon this. So,
21 here's kind of one comment I need to have about this
22 whole process, and it's one thing I mention in my
23 report. The GHS doctors who are mentioning that they
24 think that his HP is due to his work, do not seem to be
25 aware of some of these other issues that I comment upon

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1 in my report, such as the woodworking history, such as
2 the positive aspergillus pinprick test, such as a
3 brother who died of an occupational lung disease, such
4 as -- well, those three things. So, it seems to me
5 that there was not an awareness within the GHS
6 pulmonary group of some of these additional data
7 points.

8 Q Okay. But I think my question was, would -- if Allergy
9 Partners were concerned about this test, would they
10 have ordered additional testing?

11 MR. RENFROW: Object to the form.

12 THE WITNESS: I don't think so. I think that they
13 did a one-time evaluation, and they didn't see the guy
14 back.

15 BY MR. PHILLIPS:

16 Q Okay. So, is it typical that if you have a positive
17 aspergillus test, that no additional testing is
18 ordered?

19 A If you go to an allergist, I think that's a true
20 statement.

21 Q Okay. What would happen after that? Would the
22 allergist -- what would the allergist do?

23 A It would depend upon the severity of the reaction.
24 What I got in my note was that it was a positive test,
25 and I really didn't get quantitation of the severity of

Page 29

1 the positive. But, usually, the allergist will give
2 you a handout that tells you what you need to do to
3 avoid mold exposure and how you can ameliorate your
4 exposure to minimize symptoms, and then will probably
5 discuss with you medications that you can take to
6 minimize allergic reactions. Medications are now over-
7 the-counter, so you don't have to have a script.
8 Typical medications are antihistamines, orally, as well
9 as intranasal steroids, which are injections into your
10 nose.

11 Q Okay. All right. You also know the conditions in
12 which Mr. Christian worked were atypical for HP
13 triggers in the medical literature. Is that correct?

14 A Well, the electronics lab is not a typical place to get
15 HP; correct.

16 Q Okay. And I guess I'm dealing more -- I'm discussing
17 more of the solder and colophony. And I hope I said
18 that right. And you did mention one article that you
19 found with the solder. Is that the only article you
20 were able to find?

21 A Relating to soldering, that's the only article that I
22 found, yes.

23 Q Okay. All right. I'm going to show you several
24 articles that deal with decreased lung function and
25 other respiratory symptoms in electronics workers

1 performing soldering.

2 MR. PHILLIPS: And we'll mark that -- what are we
3 on, 5? That will be 5. And this will be 6. And this
4 will be 7. How many do y'all have?

5 MR. RENFROW: Two. Will it make it easier since
6 we're getting so many for us to go ahead and put
7 numbers on everything so we can keep track of it?
8 Let's pause then, if you are good Thomas, and get
9 numbers on everything so it won't be a nightmare.

10 MR. PHILLIPS: Yeah, I want to make sure ---

11 (OFF THE RECORD)

12 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
13 NUMBER 5, ARTICLE, ATTACHED.)

14 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
15 NUMBER 6, ARTICLE, ATTACHED.)

16 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
17 NUMBER 7, ARTICLE, ATTACHED.)

18 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
19 NUMBER 8, ARTICLE, ATTACHED.)

20 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
21 NUMBER 9, ARTICLE, ATTACHED.)

22 BY MR. PHILLIPS:

23 Q And, Doctor, I handed you, I think -- I believe five
24 articles that deal with solder and its effects in the
25 workplace with electronics workers, and deals with

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1 decreased lung function. Have you ever seen these
2 articles before?

3 A No.

4 Q Would you like to review those in furtherance of your
5 opinion in this case?

6 A I'd like to review them. But I will tell you something
7 right now, these are not relevant to your case.

8 Q And why is that?

9 A These all deal with occupational asthma, and our
10 gentleman, Mr. Christian, has hypersensitivity
11 pneumonitis. And these are different disease.

12 Q Okay. Well, have you read all of the articles?

13 A No, but I can ---

14 Q Okay.

15 A --- just tell you that you've got different disease.

16 Q Okay.

17 A So this is a good time to talk about diseases. So
18 occupational asthma is an airway disease that affects
19 the bronchi. And there is a lot of literature between
20 -- correlating soldering with asthma and occupational
21 asthma, and that's well established.

22 Now hypersensitivity pneumonitis is not an airway
23 disease. It's an interstitial disease, and it is
24 typically something that's diagnosed by open lung
25 biopsy, definitively. And that's why he went to open

1 lung biopsy in 2016 -- summer of '16. And that is a
2 very different disease from asthma. Asthma is never
3 diagnosed by open lung biopsy. All five articles you
4 gave me deal with asthma. None of the five articles
5 that you gave me deal with hypersensitivity
6 pneumonitis. So, although they're interesting
7 articles, they're not supporting your argument.

8 Q But would you agree that occupational asthma affects
9 the lungs, in a way?

10 A Yeah, occupational asthma is a respiratory lung
11 disease. Certainly, it affects the lungs.

12 Q Okay. And then I'm going to hand you another one that
13 also deals with occupational asthma. But it -- I mean,
14 it -- sorry, that's 10.

15 (MARKED FOR IDENTIFICATION, CLAIMANT'S EXHIBIT
16 NUMBER 10, ARTICLE, ATTACHED.)

17 BY MR. PHILLIPS:

18 Q But it's from the Connecticut Department of Public
19 Safety that advises colophony as a cause of respiratory
20 problems in a solderer.

21 A I think this article has similar comments to what I
22 said previously. It deals with occupational asthma.
23 And I do agree with you that there is a long history of
24 solder being associated with occupational asthma, and
25 that's been established for decades.

1 Q Okay. Could Mr. Christian have occupational asthma?

2 A I think it's unlikely.

3 Q Okay. And why is that unlikely?

4 A I think that the open lung biopsy established a
5 diagnosis of hypersensitivity pneumonitis, and I think
6 that the working diagnosis from the pulmonologist has
7 been hypersensitivity pneumonitis.

8 Q All right. Based on what we have discussed today, do
9 you want to change your opinion in any way?

10 A No, I don't want to change my opinion.

11 Q Okay. So now that we've removed Ken from the
12 woodworking and the mold issue that you were concerned
13 about, and discussed the aspergillus, what's caused
14 this lung condition?

15 MR. RENFROW: I'm going to object to the form. I
16 don't think that's -- we've done any of that today.

17 THE WITNESS: So, the issue that you brought up is
18 the woodworking has become less likely. I agree with
19 that, assuming that you're correct, they did not have
20 any woodworking exposure, which I am trusting you on
21 that.

22 I don't really think we've answered the question
23 about his home mold exposure. I mean, we've got a 2019
24 crummy study that doesn't have any air sampling, and it
25 doesn't even have any swab sampling. And I just don't

1 think it's a very helpful study that we have. And we
2 don't know what's going on in the relevant time period,
3 which is 2012 through '15. And I'm not positive that
4 that was the house he was residing in in 2012 through
5 '15. I just would like to see that in writing, that
6 that was the house that he was residing in in 2012
7 through '15.

8 And we still have the same problem we had before,
9 which is we have a hypersensitivity pneumonitis case
10 and we're attributing it to a very rare cause, which is
11 soldering fume exposure, that has very little support
12 in the literature. And we're removing him from the
13 exposure, acutely, and he gets significant worse,
14 becomes oxygen dependent and FEV1 drops dramatically
15 despite steroids. So, he has a dramatic worsening
16 after removal from exposure.

17 BY MR. PHILLIPS:

18 Q Okay. And in your report, you listed -- and I'm just
19 going to name a few -- cheese washer's lung, coffee
20 worker's lung, hot-tub lung. How are those relevant to
21 this case?

22 A They were not intended to be relevant.

23 Q So, what was the purpose of putting them into your
24 report?

25 A I was ---

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1 Q Potato peeler's lung.

2 A These are the most common causes for HP. Soldering is
3 not in the top one hundred. You're ---

4 Q But it could cause HP.

5 A There is one episode of a case report from India, a guy
6 that was soldering all day long.

7 Q Okay. It's rare, but it can happen.

8 A Yeah, it happened to that guy.

9 Q Are you Board certified in medical toxicology?

10 A At this day, I am not.

11 Q All right. How much of your work do you do for defense
12 attorneys?

13 A I do about 60 percent defense, 40 percent plaintiffs.

14 Q All right.

15 MR. PHILLIPS: I have no further questions.

16 EXAMINATION

17 BY MR. RENFROW:

18 Q Thank you, Doctor. And I'll be very, very brief, I
19 believe. My name is Ben Renfrow, and I am the attorney
20 for the insurance company and the employer in this
21 case, SEW Eurodrive. You have prepared a report in
22 this case, and we have gone over it with some degree of
23 totality today. But in essence, you've had a lot of
24 questions asked of you today about a couple of mult- --
25 or a couple of potential causes that could have caused

1 Mr. Christian's hypersensitivity pneumonitis; correct?

2 A Correct.

3 Q But you're very clear in your report. Those are just
4 three potential causes -- three or four potential
5 causes. There could be many other potential causes.

6 A Correct.

7 Q In fact, you talked about a list of one hundred,
8 soldering not being one of the top one hundred
9 potential causes. So, there's at least a hundred.

10 A Correct.

11 Q A hundred and one, for that matter. And regardless of
12 what the MIT report says, regardless of the mold in the
13 home or not in the home, regardless of woodworking, is
14 it possible we'll never know exactly what caused Mr.
15 Christian's lung problem.

16 A That is possible. That happens a lot with ---

17 Q Are you ---

18 A --- hypersensitivity pneumonitis.

19 Q In your profession, are you familiar with idiopathic
20 disease?

21 A Yes.

22 Q And is hypersensitivity pneumonitis idiopathic?

23 A It can be.

24 Q Correct. Meaning there's -- we don't really know what
25 caused it.

1 A Correct.

2 Q Could it -- you know, when I was preparing for your
3 deposition, it reminded me of the 30 to 50 cases I've
4 had over the years involving lungs and asbestos. And
5 as I understand the disease mesothelioma and
6 asbestosis, there are people who are diagnosed with
7 that disease and they -- the scientist, the experts
8 believe that oftentimes the latent effect of that
9 disease means they were exposed 30 years ago, and
10 symptoms just start manifesting themselves now. Is
11 that your understanding of asbestosis and mesothelioma?

12 A Correct.

13 Q Is there a component of hypersensitivity pneumonitis
14 that could potentially be that way? That Mr. Christian
15 perhaps was predisposed to some things when he was
16 born, and at the age of ten years old was exposed to
17 something that just started manifesting itself in 2016,
18 '15?

19 A Unlikely.

20 Q Okay. And you mentioned something that I think is very
21 relevant to this case, but he had a brother who died of
22 some type of lung disease. Is that correct?

23 A Correct.

24 Q And do you know what caused his lung disease?

25 A No, it's mentioned in one report out of twenty medical

1 records. And, interestingly, it was the non-lung
2 expert who mentions it.

3 Q Right.

4 A It was the generalist who mentions it.

5 Q Okay. And is it possible, without knowing anything
6 else about his brother's condition, that whatever he
7 was exposed to potentially that caused his lung
8 disease, assuming it was an exposure-related disease,
9 could have been something that Mr. Christian, your --
10 the pat- -- the claimant that we are here about today,
11 was exposed to that caused his disease?

12 A Potentially, yes. I mean, it needs to be explored
13 further.

14 Q Whether it's likely or not, it's certainly a
15 possibility.

16 A Yes.

17 Q Okay. During your expert analysis of this case -- and
18 I am impressed to see it looks like you've got several
19 hundred pages, if not thousands of pages, of medical
20 records with notes on many of them, and you mentioned
21 you also went out to the plant, reviewed the actual
22 work stations and did some things like that. Is that
23 correct?

24 A Correct.

25 Q Were you made aware of any other employee in the

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1 history of SEW Eurodrive who was ever claimed to have a
2 lung condition related to soldering.

3 A I was not aware of it, but I did ask that question.

4 Q Okay. To this date, have you been -- has anybody given
5 you any names or statistics about any other employee,
6 in the history of that company, having this type of
7 condition related to alleged solder exposure?

8 A I'm not aware of it. But I did ask about other
9 soldering-related workers' comp claims, and they were
10 not aware of any other soldering-related workers' comp
11 claims.

12 MR. RENFROW: All right. I don't think I have any
13 other questions. Thank you very much.

14 FURTHER EXAMINATION

15 BY MR. PHILLIPS:

16 Q Dr. Early, we agreed that the solder-induced HP was
17 rare; correct?

18 A Yes.

19 Q So, why would it matter if there were other workers at
20 SEW -- what -- how does that play into your opinion in
21 this case whether there were other workers with HP
22 induced by solder?

23 A I think he was asking about any type of solder related
24 issue, which most commonly would be occupational
25 asthma. Occupational asthma is millions of times more

1 common than HP related soldering.

2 Q Okay.

3 A However, I think if there were occupational asthma
4 cases, it would be supportive that they had more of a
5 problem with exposure-related issues, and that they had
6 more of a problem with hygiene-related issues.

7 Q Okay. Would you agree that out of all of the people in
8 the electronics lab, that -- would it be possible for
9 only Ken to contract HP, and not the other people?

10 A It could be possible.

11 Q Okay. And would it raise any red flags if another
12 worker died of occupational illness at SEW?

13 A It depends on what it was.

14 Q Okay. And do you agree that there was a lot of
15 information in this claim that you needed to know more
16 about?

17 A I think we've identified the issues I would like to
18 know more about.

19 Q Okay. Would you need those to further your opinion?

20 A I think I've identified the things I would like to know
21 more about. I've said it here in my discussion.

22 Q Okay. So, without knowing the outcomes to those
23 problems, you can say that you are 100 percent sure
24 that -- or more than 50 percent sure that solder did
25 not cause Mr. Christian's HP?

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1 A Yes, I continue to say that I think it's more likely
2 than not, that solder was not a significant contributor
3 to his HP.

4 Q Okay. Even before ruling out other concerns you have?

5 MR. RENFROW: Object to the form. Can you
6 identify the concerns you're ---

7 BY MR. PHILLIPS:

8 Q The mold, the aspergillus, the woodworking.

9 A Right. Yes, I just identified things in the records
10 that needed further investigation, and I'd like to know
11 more about those things. But the big concept that I'm
12 not sure I emphasized well enough is, if he had HP, he
13 should get better when you move him away from the
14 offending antigen. And we're dealing with an obscure,
15 potentially offensive antigen, if we're alleging
16 solder. And he got a whole lot worse when you took him
17 away from the offensive -- the potential offensive
18 antigen, and he got worse quick, despite steroids. So,
19 it makes you wonder, "Hey, do we have the wrong
20 potentially offensive antigen?" I mean, that's what
21 most people would think. You got an obscure
22 potentially offensive antigen. You take it away, and
23 he gets a whole lot worse quick. You've got to go back
24 to the drawing board and ask, "Hey, did we get the
25 wrong antigen?"

1 Q So, again, you can rule out solder, without knowing the
2 more information that you discussed in your report that
3 you need to know about and -- specifically being the
4 mold, the aspergillus and the -- what was the other
5 one?

6 A Yeah, I think ---

7 Q Woodworking?

8 MR. RENFROW: Object to the form of the question.
9 It's been asked and answered. But go ahead and answer
10 it again, I guess.

11 THE WITNESS: Yeah, when you were thinking rule
12 out, you're thinking a hundred percent certain. And in
13 medicine, we don't think a hundred percent certain. We
14 think unlikely. I think it's unlikely, you know.

15 MR. PHILLIPS: Okay.

16 THE WITNESS: I mean, it is an obscure potentially
17 offensive antigen.

18 MR. PHILLIPS: All right. No -- do you have any
19 more questions?

20 MR. RENFROW: No questions.

21 (WHEREUPON, THE DEPOSITION CONCLUDED AT 9:37 A.M.)

22

23

24

25

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CERTIFICATE

This is to certify that the foregoing deposition of GORDON EARLY, M.D., consisting of 42 pages, is a true and correct transcript of the testimony given by said deponent after first being duly sworn; said deposition was reported by method of Stenomask with digital backup. This transcript may contain quoted material; said material is transcribed as read or quoted by the speaker.

I further certify that I am neither employed by nor related to any of the parties in this matter nor their counsel; nor do I have any interest, financial or otherwise, in the outcome of the same.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 11th day of September, 2019.

Holly W. Wilson
Professional Verbatim
Reporter

Notary in and for the State of South Carolina
My Commission Expires: February 22, 2022

Hypersensitivity Pneumonitis

Hypersensitivity pneumonitis is an allergic reaction that causes inflammation (swelling and tenderness) in and around the air sacs (alveoli) of the lungs and the smallest airways (bronchioles).

Dust, tiny organisms or chemicals can cause the allergic reaction. Not everyone exposed to these materials develops an allergic reaction. It usually takes exposure to large amounts of these materials (allergens) frequently over a period of time before a sensitivity and reaction develop. Only a small percentage of those who develop allergic reactions suffer permanent damage to the lungs.

In the most serious cases the combination of the allergic reaction and the immune system's reactions can cause lung damage. With more and more exposure, the immune system reacts against the allergic reaction, causing chronic inflammation. The inflammation is a result of white blood cells building up in the walls of the alveoli and bronchioles. As the buildup increases, symptoms increase and damage to the lungs grows.

Symptoms

Once a person has developed hypersensitivity to a material or organism, he or she may experience symptoms the next time exposure occurs.

These symptoms usually develop in four to eight hours and include:

- Fever
- Cough
- Chills
- Shortness of breath

The symptoms usually clear up in a day or two if there is no more exposure to the reaction-causing material. Complete recovery, however, may take weeks.

In one form of hypersensitivity pneumonitis, a cough and shortness of breath may take days or weeks to develop and be so severe that the person needs to be hospitalized. If a person is repeatedly in contact with an allergen over months or years, the lungs may become scarred (fibrosis). Symptoms in this case may include shortness of breath during exercise, coughing up of sputum, tiredness and a gradual weight loss. Eventually, respiratory failure can occur.



Many types of dust, organisms or chemicals can cause allergic reactions in the lungs, including:

- Heat-loving bacteria in moldy hay
- Contamination in humidifiers or air conditions (especially large systems in office buildings)
- Chemicals, such as urethanes (isocyanates)
- Wood dust
- Droppings from poultry or other birds.
- Chemicals used in making polyurethane foam, molding, insulation, synthetic rubber and packaging materials.
- Materials found in certain types of farming or food production or processing, including mushroom compost, moldy cork, infected maple bark, moldy barley or malt, cheese mold, sugar cane, unroasted coffee beans or weevil-infested wheat flour

Diagnosis

Diagnosing hypersensitivity pneumonitis depends on the symptoms, identifying (if possible) the cause of the reaction and showing the person's exposure to the suspected agent.

In addition to a physical examination a doctor may order the following tests:

- Blood test to see if antibodies are present showing an immune system response to an allergen
- Chest X-ray. In some cases, an abnormal finding on an X-ray done for another reason may uncover the lung damage caused by hypersensitivity pneumonitis.
- Tests to measure the lungs' ability to hold and move air and to exchange oxygen and carbon dioxide

If the diagnosis is unclear or an infection is suspected, doctors may do a biopsy. This involves looking at a small piece of lung tissue under a microscope. The tissue can be removed during a bronchoscopy, when the lungs are being checked through a scope in the lungs. Sometimes during a bronchoscopy, the lung may be washed out with fluid that carries away cells. This fluid can be looked at under a microscope.

Treatments

After an acute episode of hypersensitivity pneumonitis, a person can usually recover without treatment if he or she has no more contact with the allergen. In serious cases, it may be necessary to use corticosteroids, such as prednisone, to lessen the symptoms and reduce inflammation in the lungs. If episodes go on for a long period of time or come back often, a person may suffer permanent lung damage and growing difficulty with breathing (dyspnea).

Prevention

Avoiding exposure to dust or chemicals is important. If a person cannot change jobs, he or she should wear a protective masks and work in a well-ventilated place, if possible.

Additional Resources

Medical Group

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FOR PROFESSIONALS >

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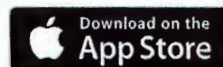
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Mr. Ken

4 APR 2001
Date _____ Age 50

T _____ P _____ BP 100/64 (R)

WT 157 HT _____ HC _____
LMP _____ ALG ~~N/A~~ MEDS _____
eating - protein pro

Shoulder pain - 3-4 wks.
fast pain while working out

ndistal check

94
70

S: Here complaining of pain in his R shoulder for 3-4 weeks. Seems to be getting some worse. Does work out on a Nautilus machine. Also has a FH of heart disease & would like to have his chol. checked.

O: PE reveals tenderness over the R anterior corcoid. Otherwise normal exam. HEENT: normal. BP: normal. Pt's total chol. is 249 with HDL of 43, ratio of 5.8, LDL of 171 & triglycerides of 173.

A: Bursitis, R shoulder.
FH of CAD.
Elevated chol.

P: Phy. measures to control these things are outlined. Vioxx 2 tabs STAT, then 1 tab everyday of the 25 mg tab is to be taken along with moist heat & exercise.
Also to follow phy. measures for the lipids.
Return to see us in 2 months.
Will recheck his lipids fasting.

RWK:dwc



Date 5/18/01 Age 50

T _____ P _____ BP 104/60 (R)

WT 157 HT _____ HC _____
LMP _____ ALG ~~N/A~~ MEDS _____
Vioxx 25mg QD

recheck lipids?

chest pain on Sat. - radiated to (R) arm and still hurts SOB
check sinus - post-nasal drainage

90
68

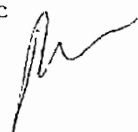
S: Here complaining that he had chestpain on Saturday while working out in the yard, radiated to his R arm. Had some slight SOB. The pain went away. He went back out in the yard to work, doing some lifting, but not really doing anything strenuous & the pain came back. Has had no further chestpain, but still having some pain in the R arm & the R shoulder. Also having some PND.

O: Generally WDOWN white male INAD. Skin: GTT. Chest, CV exam normal. Tenderness over the R anterior corcoid & over the R RA muscle. Otherwise normal exam. BP: 90/68. EKG is normal. Pt's total chol. was 238 with HDL of 42, ratio of 5.6, LDL 162 & tri. of 169.

A: Bursitis R shoulder with 2° RA muscle spasm.

P: Pt. to use Vioxx 2 tabs STAT, then 1 tab every day for 12 days & Soma 1-2 tabs h.s. If he has worsening pain in his chest or any new sx., he is to call.

RWK:Dwc



Christiana, Ken

4 APR 2001

Date 5/18/01 Age 50
T P BP 100/64 (R)

WT 157 HT HC *all-g-profen pro*
LMP ALG NKA MEDS

*> shoulder: p. over - 3-4 wks.
 +st pain with walking out
 ndistal chick*

*94
70*

S: Here complaining of pain in his R shoulder for 3-4 weeks. Seems to be getting some worse. Does work out on a Nautilus machine. Also has a FH of heart disease & would like to have his chol. checked.

O: PE reveals tenderness over the R anterior corcoid. Otherwise normal exam. HEENT: normal. BP: normal. Pt's total chol. is 249 with HDL of 43, ratio of 5.8, LDL of 171 & triglycerides of 173.

A: Bursitis, R shoulder.
FH of CAD.
Elevated chol.

P: Phy. measures to control these things are outlined. Vioxx 2 tabs STAT, then 1 tab everyday of the 25 mg tab is to be taken along with moist heat & exercise.
Also to follow phy. measures for the lipids.
Return to see us in 2 months.
Will recheck his lipids fasting.

RWK:dwc



Date 5/18/01 Age 50
T P BP 104/60 (R)

WT 157 HT HC *visby 25mg QD*
LMP ALG NKA MEDS

recheck lipids?

*best pain on Sat. - radiated to (R) arm and still hurts SOB
week 2 - post-nasal drainage*

*90
68*

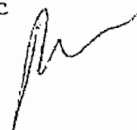
S: Here complaining that he had chestpain on Saturday while working out in the yard, radiated to his R arm. Had some slight SOB. The pain went away. He went back out in the yard to work, doing some lifting, but not really doing anything strenuous & the pain came back. Has had no further chestpain, but still having some pain in the R arm & the R shoulder. Also having some PND.

O: Generally WDWN white male INAD. Skin: GTT. Chest, CV exam normal. Tenderness over the R anterior corcoid & over the R RA muscle. Otherwise normal exam. BP: 90/68. EKG is normal. Pt's total chol. was 238 with HDL of 42, ratio of 5.6, LDL 162 & tri. of 169.

A: Bursitis R shoulder with 2° RA muscle spasm.

P: Pt. to use Vioxx 2 tabs STAT, then 1 tab every day for 12 days & Soma 1-2 tabs h.s. If he has worsening pain in his chest or any new sx., he is to call.

RWK:Dwc



GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: Christina, Kenneth

PATIENT NO: 000-[REDACTED]

0

DATE OF ADMISSION
05/26/01

HISTORY OF PRESENT ILLNESS

Mr. Christin is a 50-year-old gentleman who has no known history for heart disease. He did have an episode of pain a couple of weeks ago that lasted for about 20 minutes or so, and then resolved spontaneously. The patient was out cutting his grass this morning and developed chest pain. It is a retrosternal pain with really no radiation, just had some shortness of breath. There was no nausea or vomiting. He went to the emergency room at St. Frances Women's Hospital. His initial EKG showed an acute anterior myocardial infarction. The patient had no contraindications of thrombolytic therapy and he was given retavase. He had both doses. He was transferred to our facility. By the time he got here his pain had resolved and he presently is pain free. There is no previous history for myocardial infarction other than the one episode of pain last week. He has had no severe chest pain. He does not smoke. There is some family history of heart disease.

PAST MEDICAL HISTORY

The patient has never had an operation. He has never been in the hospital before. He takes Vioxx for shoulder pain, but has no hypertension or diabetes mellitus.

FAMILY HISTORY

He has two brothers with atherosclerotic heart disease.

SOCIAL HISTORY

The patient is an electrical worker. He does not smoke. He lives with his wife.

REVIEW OF SYSTEMS

Constitutional: He has never had a stroke. There is no fever or chills. He has never had any eye problems. He does not wear glasses. There is no thyroid disease. No difficulty swallowing. Respiratory: There is no cough or hemoptysis. Cardiovascular:

GMH -HISTORY AND PHYSICAL
Page 1 of 3

COPY TO: Thomas W. Kendall, MD

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: Christin, Kenneth

PATIENT NO: 000- [REDACTED]

No symptoms of heart failure. Gastrointestinal: There is no peptic ulcer disease, colon problems or bleeding problems. Musculoskeletal: He has mainly problems with his right shoulder. Hematology: No history for anemia or bleeding disorder. Endocrinology: He had his cholesterol checked a couple of weeks ago and it was around 250.

PHYSICAL EXAMINATION

Pulse is around 70. Blood pressure is 115/80. He is alert and oriented. His neck veins aren't distended. His pulses 2+ with no bruit. There is no thyromegaly. Heart: Sinus rhythm. I do not hear any murmur or gallop. His lungs are clear. Abdomen: Bowel sounds active, no masses, organomegaly or tenderness. Extremities: No edema. He has fair pulses in his feet. The patient had three EKGs. The first one clearly showed an acute anterior myocardial infarction. The second one showed some resolution changes and the third, after his pain resolved, shows his ST segment is going back to normal.

LABORATORY DATA

His laboratory work showed his hemoglobin to be 15.6, Hematocrit 45.3, platelet count 321,000, Initial CK is 234, myoglobin 69, troponin is 0, BUN 17, creatinine 1.1.

IMPRESSION

1. Anterior myocardial infarction.
2. Atherosclerotic heart disease.
3. Hyperlipidemia.

PLAN

The patient is admitted. He will need catheterization prior to discharge. I have continued his IV heparin and nitroglycerin. I have added Altace, Lopressor, aspirin and plavix.

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: Christin, Kenneth

PATIENT NO: 000- [REDACTED]

Douglas S. Head, MD

cc: Douglas S. Head, MD
Thomas W. Kendall, MD

D: 05/26/2001 T: 05/26/2001 3:34 P zwh 763431

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: Christian, Kenneth
PATIENT NO: 000-970-17-9298

HISTORY

The patient is a 50-year-old gentleman who has no previous history of coronary artery disease presented to St. Frances Hospital on 05/26/2001 with chest pain. His electrocardiogram showed an acute anterior myocardial infarction. He was given Retavase. The patient was transferred to our facility.

HOSPITAL COURSE

By the time the patient got here, he was pain-free. We elected not to take him to the catheterization laboratory. His peak troponin was 1.26 and his CK was 364. He had a total cholesterol of 214 with an LDL of 145. His other lab work was acceptable. He underwent a catheterization because of recurrent chest pain. This revealed about a 75% lesion in the proximal left anterior descending. He also had 30-40% lesions in the right coronary artery and first marginal. His left anterior descending artery was dilated and stented with a 3.0 x 15 mm near and dilated up to 3.25. He had TIMI 3 flow. He did well and really had no problems throughout the remainder of his hospital course. He was started on various medicines including aspirin 325 mg a day, Plavix 75 mg a day, Altace 5 mg a day, Toprol XL 100 mg a day, and nitroglycerin. The patient was instructed about his medicines, activity, and diet. He will come back to my office in two to three weeks.

DISCHARGE DIAGNOSES

1. Acute myocardial infarction.
2. Atherosclerotic heart disease.
3. Hypertension.



GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: Christian, Kenneth
PATIENT NO: 000-970-17-9298

Douglas S. Head, MD

cc: Douglas S. Head, MD
Thomas W. Kendall, MD

D: 05/29/2001 T: 05/29/2001 5:38 P zph 766046

UPSTATE CARDIOLOGY, P.A.

DOB 8-13-50

CHRISTIAN, Kenneth

#52124

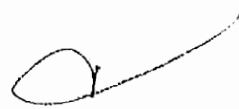
June 24, 2001

Mr. Christian was in the hospital. He had an anterior MI and had angioplasty and stenting of the LAD. He has done well. He has been going to cardiac rehab and has been doing well with it. The nurse initially took his blood pressure and got around 80/40. He has been getting it around 106-110 at cardiac rehab. He has had no angina. Pulse 52. I got a blood pressure of 105/60. Weight 153. Neck veins are not distended. Heart: Sinus rhythm. I don't hear any significant murmur or gallop. Lungs are clear.

IMPRESSION:

1. Atherosclerotic heart disease status post MI and PCI.
2. Hyperlipidemia.

PLAN: The patient will finish the Plavix. I have cut his Toprol back to 50 mg. a day. He will come to see me in 3 months and get a lipid and liver panel in 2 months.



Douglas S. Head, M.D., F.A.C.C.

DSH:je

cc: Dr. Thomas Kendall

UPSTATE CARDIOLOGY, P.A.

CHRISTIAN, Kenneth
#52124
4 September 2001

Mr. Christian is a young gentleman who had an anterior MI and had angioplasty and stenting of his LAD. He has done well since then. He has had some trouble with diarrhea and hypotension. He was concerned that his medicines may be producing this. He has had some vague pain occasionally with walking but it has been very minimal.

Her pulse is 64. Blood pressure 80/48. Weight 153. Neck veins are not distended. Heart - sinus rhythm. I do not hear any murmur or gallop. Lungs are clear.

IMPRESSION:

1. Atherosclerotic heart disease.

The patient had some lipid studies. His liver panel is normal on Lipitor 10 mg qd. His total cholesterol is 107. His LDL is 58.

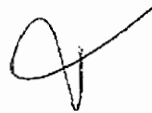
PLAN: The patient will stop his Toprol and will also cut back on his Lipitor to every other day. He will come back in a couple of weeks for a myoview scan to evaluate for restenosis.

Douglas S. Head, M.D., F.A.C.C.

DSH/ehw

cc: Tom Kendall, M.D.

T: 9/6/01



UPSTATE CARDIOLOGY, P.A.

CHRISTIAN, Kenneth

#52124

February 6, 2002

CLINICAL HISTORY: This is a patient of Dr. Head's with a history of anterior wall MI in May 2001. He has been having some atypical chest pains. He describes the chest pain on the right sometimes when he reaches backwards, sometimes on the left it is a very sharp fleeting pain, and occasionally after eating he has an indigestion type discomfort. He has been able to continue exercising but has not felt he is not back to the level he should be at by this point. He has had no shortness of breath, pedal edema, orthopnea, PND, diaphoresis or nausea.

PAST MEDICAL HISTORY: He has chronic hypotension and so has not been able to tolerate ACE inhibitors or beta blockers and he is treated for hyperlipidemia.

CURRENT MEDICINES: Aspirin, Lipitor 10 mg. every other day, multi-vitamin.

SOCIAL HISTORY: He works as an engineering tec for Urodrive and has to do a lot of walking at work and has not that affected at all. He is not a smoker, not a drinker.

PHYSICAL EXAM: This is a pleasant man in no apparent distress. Weight 151, down 2 pounds from the last visit. Blood pressure 82/50 which is baseline. Pulse 72. JVP normal. Carotids normal. No bruits. Lungs clear. CV: S1, S2. No S3, no S4, no murmur. Extremities: No edema. Abdomen: Benign. No organomegaly. Positive bowel sounds. Soft, nontender.

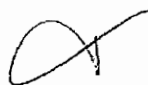
EKG: NSR with nonspecific STT flattening.

IMPRESSION: Recurrent atypical chest pain in a patient with known coronary artery disease. We will schedule for a stress Myoview and he will followup with Dr. Head after that has been completed.

Barbara Moran Faile, M.D., F.A.C.C.

BMF/je

cc: Dr. Thomas Kendall



UPSTATE CARDIOLOGY, P.A.

MYOCARDIAL PERFUSION IMAGING REPORT

Name: CHRISTIAN, Kenneth Chart Number: 52124
Referring Physician: T.Kerndall/Head Date: 2-22-02
Age: 51 Sex: M Weight: 151
Indication: Chest pain

PROCEDURE: Rest/stress: X Stress/Rest: Stress only:
SPECT: X Planar: Gating:
1-Day: X 2-Day:

Radiopharmaceutical Agent: Myoview: X Thallium: Dual Isotope:
Rest: 9.7 mCi Stress: 28.9 mCi

Resting Data: Heart Rate: 62 bpm BP: 110/60 mmHg

Stress Data: Protocol: Bruce Duration: 12 minutes
Max Heart Rate: 164 bpm Max Blood pressure : 180/80 mmHg
%MPHR: 97 METS: 13

Symptoms: Fatigue but no chest pain.

ECG: There is about 1 mm. of ST depression in the inferior leads

Interpretation: Normal

Perfusion and Quantitative Analysis: The images show a normal distribution of the radiopharmaceutical throughout all walls on the stress and the resting images. The quantitative study appears normal.

Gated Analysis: The gated study shows normal left ventricular systolic function with normal wall motion.

Ejection Fraction: 61% Summed Stress Score: 0

CONCLUSION:

1. Normal myocardial perfusion scan.
2. Normal left ventricular function.

Douglas S. Head, M.D., F.A.C.C.

DSH/je

cc: Dr. Thomas Kendall
cc: Dr. Douglas Head

UPSTATE CARDIOLOGY, P.A.
MYOCARDIAL PERFUSION IMAGING REPORT

Name: CHRISTIAN, Kenneth	Chart Number: 52124
Referring Physician: T. Kendall/Head	Date: 2-22-02
Age: 51 Sex: M	Weight: 151
Indication: Chest pain	

PROCEDURE: Rest/stress: X	Stress/Rest:	Stress only:
SPECT: X Planar:	Gating:	
1-Day: X	2-Day:	

Radiopharmaceutical Agent:	Myoview: X	Thallium:	Dual Isotope:
Rest: 9.7 mCi	Stress: 28.9 mCi		

Resting Data: Heart Rate: 62 bpm	BP: 110/60 mmHg
----------------------------------	-----------------

Stress Data: Protocol: Bruce	Duration: 12 minutes	
Max Heart Rate: 164 bpm	Max Blood pressure : 180/80 mmHg	
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Gated Analysis: The gated study shows normal left ventricular systolic function with normal wall motion.

Ejection Fraction: 61%	Summed Stress Score: 0
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CONCLUSION:

1. Normal myocardial perfusion scan.
2. Normal left ventricular function.

Douglas S. Head, M.D., F.A.C.C.

DSH/je

cc: Dr. Thomas Kendall
cc: Dr. Douglas Head

UPSTATE CARDIOLOGY, P.A.

MYOCARDIAL PERFUSION IMAGING REPORT

Name: CHRISTIAN, Kenneth Chart Number: 52124

Referring Physician: T.Kerndall/Head

Date: 2-22-02

Age: 51 Sex: M

Weight: 151

Indication: Chest pain

PROCEDURE: Rest/stress: ☒ Stress/Rest: Stress only:

SPECT: ☒ Planar: Gating:

1-Day: ☒ 2-Day:

Radiopharmaceutical Agent: Myoview: ☒ Thallium: Dual Isotope:

Rest: 9.7 mCi

Stress: 28.9 mCi

Resting Data: Heart Rate: 62 bpm

BP: 110/60 mmHg

Stress Data: Protocol: Bruce Duration: 12 minutes

Max Heart Rate: 164 bpm Max Blood pressure : 180/80 mmHg

%MPHR: 97 METS: 13

Symptoms: Fatigue but no chest pain.

ECG: There is about 1 mm. of ST depression in the inferior leads

Interpretation: Normal

Perfusion and Quantitative Analysis: The images show a normal distribution of the radiopharmaceutical throughout all walls on the stress and the resting images. The quantitative study appears normal.

Gated Analysis: The gated study shows normal left ventricular systolic function with normal wall motion.

Ejection Fraction: 61%

Summed Stress Score: 0

CONCLUSION:

1. Normal myocardial perfusion scan.
2. Normal left ventricular function.

Douglas S. Head, M.D., F.A.C.C.

DSH/je

cc: Dr. Thomas Kendall

cc: Dr. Douglas Head



UPSTATE CARDIOLOGY, P.A.

CHRISTIAN, Kenneth D.

#52124

March 5, 2002

Mr. Christian had a previous angioplasty to the LAD. He had some chest pains. We asked him to come back. He did a nuclear scan and this was completely normal with normal left ventricular function. At the present time I don't think his symptoms are cardiac related and he will come back to see me in a year.

Douglas S. Head, M.D., F.A.C.C.

DSH:je

cc. Dr. Tom Kendall

A handwritten signature, likely of Douglas S. Head, consisting of a large, stylized 'D' followed by a checkmark-like stroke.

Christian, Ken

AGE 55
DOB 10/8/60 (R)

1/3 Ketconazole 7.5 Shampoo
LMP ALG NKDAMEDS flax seed oil
- (R) hand continued B complex
ASN 81mg qd.
pain since injury MVI
2 months ago
- spots on scalp

S: Here with complaint of pain in the R hand.
Injury 2 months ago. He was doing a lot of
digging at the time & hand just doesn't
seem to want to get better.
Also having spots in his scalp & also having
difficulty with getting & maintaining erection.

O: PE reveals tenderness over the palmar aspect
of the R hand along the flexor tendon of the
middle finger. This area was cleansed with
alcohol & injected with 1/2cc of Xylocaine 1%
w/o Epi. & 1/4cc of Kenalog. Pt. has no
lesions on scalp at the present time.
From what he describes, sounds like he has
seb. dermatitis.

A: (1) Tendinitis R middle finger, flexor tendon.
(2) Seb. dermatitis.
(3) ED.

P: Pt. will take Mobic 1 tab b.i.d.
Moist heat, rest his hand.
He's going to try Doxycycline 100 mg b.i.d.
Return to see us in 1 month.
Also given samples of Cialis & Levitra to try
over this next month.

RWK:dwc

12-6 APR 2006
AGE 55 1/2
T P 72 BP 104/60 MVI
WT 158 HT HC Flox Seed oil
LMP ALG NKDAMEDS Lipitor 10mg qd
ASN 81mg qd

CC 1° Cholesterol level

2° pain in elbows L > R

3° spot on scalp

100
70

CBC
VHA
HPTOS
PSA
CMP
Hem x3 JH

S: Here for evaluation of chol. Also having
pain in his elbows, L worse than R. Been
going on for about a week or two now.
Has a spot on his scalp that's concerning
him & also has had problems with seborrheic
dermatitis that doesn't respond to dandruff
shampoos & everything.

O: PE reveals HEENT to be normal. Does have a
seb. keratosis on scalp. Neck supple.
Chest clear. CV exam normal. BP: 100/70.
Patient is tender over both medial epicondyl
He has TC of 124 with HDL of 39, LDL 67, trig
89.

A: CAD, dyslipidemia, bilateral medial
epicondylitis, seborrheic keratosis of the
scalp, seborrheic dermatitis of the scalp.

CONT:

Frederick Kem

4-26-04 cont:

RC it in 2-3 months.

Pt. also will use Bextra 1 tab b.i.d. for the tendinitis.

He's encouraged to continue with his exercise.

His prostate exam was normal.

PSA pending.

RWK:dwc



13 APR 2004

Date 13 APR 2004 Age 53 Flapseed S: Pt. is a 53 yo male here for complete phys.
T 98.5 P 56 BP 100 MVE B12 PMH: + for heart attack with stint placed
WT 180 HT 5'8" HC 31 in 2001. Sinus surgery in 2003.
LMP REG MEDS Lipitor 10mg QD FH: mother died at aged 57, CA but he doesn't
hem 3x know what organ. On her side of the family
regular he's not aware of history of health problems.
Father died at aged 40 of question of lung
CA. He doesn't know anything about his
history. He has 5 brothers. 2 brothers
who had CA, one was lung, one was melenoma,
who have died. One brother who died w/liver
problems & a stroke. The other 2 brothers are
alive & well. He has 5 sisters. 1 sister
died of heart attack, one sister died in
infancy. One sister died of heart problems.
Two sisters with BP & chol. problems.
He has one child who has a thyroid problem.

Social history: been married for 30 years.
Education: college degree in Electrical
Eng. from Greenville Tech. He works for
S.E.W. Eurodrive, Corp. for 20 years.
Hobbies: none.
Habits none.
Allergies: none.
Meds: Lipitor.

ROS: has had some constipation, controlled with Metamucil.

O: Generally WDWN white male INAD. Skin: GTT. Does have tatoo on his L forearm that's a heart, K & C. Also has scar on his back from previous surgery that looked like maybe a sebacious cyst that had been removed. HEENT:normal. Neck supple. Chest is clear. CV exam is normal, RRR. S-1, S-2: normal, no murmurs. Pulses: 2+ & equal. BP: 98/58. Abd: soft, w/o masses. Genitalia: normal, uncircumcised male. Testicles descended. Rectal exam was normal. Prostate: normal. Extre: GS & ROM. Perineal tendinitis has improved. Neuro: intact.

A: CAD, s/p angioplasty 2001, doing well.
Dyslipidemia, good control w/Lipitor.
Constipation, good control with Metamucil.
Perineal tendinitis, R foot resolving.

P: Continue with present meds. Copies of this phy. & labwork will be sent to Dr. Head's office.

RWK:dwc



faxed to Dr. Head
@ 233-5971 J 569

Christian, Ken

4-26-06 cont:

P: Pt. to continue with present meds.
He will take Celebrex b.i.d. for his elbows & given
some Doxycycline for his seborrheic dermatitis.

RWK:Dwc

5/9/06 Celebrex 200 po bid # 15 NW

8/31/06 Celebrex 200 po bid # 10 E 2nd

CUS
879.1702
9.10
A

CUS
539.88
A

28 NOV 2006

Date _____ Age _____

~~1/1/06~~ P _____ BP _____

1/1/06 HT _____ HC _____

1/1/06 MEDS _____

1/1/06 AS

S: Pt. is here for complete physical.
PMH: unchanged.
FH: unchanged.
Social history: unchanged.

ROS: pt. has indigestion, almost regularly
for the past month, but none for the last
3-4 days. Urge incontinence & dribbling,
SOB with exercise, but he's out of shape right now

O: Generally WDWn white male INAD. Skin: GTT.
HEENT: normal. Neck supple. Chest clear.
CV exam: RRR. S-1, S-2: normal, no murmurs.
Pulses: 2+ & equal. BP: 92/68. Abd: soft, w/o
masses. Genitalia: examined in April. Neuro:
intact. Extre: GS & ROM.

A: (1) CAD. (2) Dyslipidemia. (3) Medial
epicondylitis.

P: Pt. will continue with present meds.
Encouraged exercise & wt. loss.
He's going to use Celebrex 1 tab b.i.d. for
his elbows & I gave him Prevacid to take 1 tab
qd x 1 month. Return to see me in 2-3 months
for RC on lipids. Also given Flomax to take if
avoiding caffeine & carbonated beverages won't
resolve his urge incontinence.

RWK:dwc

Christian, Ken

26 DEC 2006

DOB 12/12/70 RA

168.2 HT HC

ALLERGIES MEDS Flomax 0.4mg

CC: pain down left arm
and shoulder

Aspirin 81mg

Lipitor 10mg

Pseudoephedrine 400 capsules

Celebrex 200mg

Prevacid 30mg

S: Pt. is here complaining of pain down his L arm & shoulders. States that it started after he woke up with crick in his neck on the L side. Went to a chiropractor, who treated him for about a week. Now he has numbness & tingling running down his L arm with pain more in the L shoulder & biceps area. States he has had no problem with loss of grip or strength in the arm.

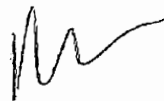
PE reveals tenderness over the L trapezius & L anterior coracoid & biceps region. He has GS & ROM & no neurological deficit.

A: L upper extre. radiculopathy.

P: Pt. to use Prednisone 60 mg qd, Flexoril 1 tab h.s.

Good posture & return to see us prn.

RWK:dwc



06 MAR 2007

DOB 12/12/70 RA

168.2 HT HC

ALLERGIES MEDS ASA

Fish Oil

B-Vit

Lipitor 10mg

Flomax

CC: SINUS congestion

pressure, eye pressure
sore throat, drainage,
sore cough x 2 days.
Start sinusitis

S: Here for complaint of sinus congestion, sore throat, drainage for 2 days now. No fever, chill or sweats.

O: PE reveals HEENT to be normal except for clear drainage from the nose & red pharynx. Strep screen is negative.

A: Viral syndrome.

P: Reassure, force fluids, & return to see us prn.

RWK:dwc



Antacid, Ker

3/1/07 Zytel 10yr #10 + P08y
Amoxil 875 #20 + P0810 } called to 00-9 213-1082
DPS-line J Shawan

3/22/07 Nexium 40mg po qd #30 2/10/07

AS
879-1702
500 p.p.

4/10/07 Lipitor 10mg po qd #90 2/10/07

Appt. in May for recheck on Lipid & liver,

faxed to
MedCo @ 1800-
837-0959 p3

2/25/07 faxed signed Rx Nexium 40 mg po qd #90^{3Rs} to MedCo at 1-800-837-0959

08 OCT 2007 57

Age

P BP 118/70

HT HC

ALG DRUGS MEDS

PSA 81

Lipitor 10mg qd

vitamins

PSA K10

PSA K10

PSA K10

PSA K10

PSA K10

PSA K10

PSA K10

PSA K10

PSA K10

PSA K10

PSA K10

PSA K10

PSA K10

S: Has had urinary frequency during the day. No nocturia. Just returned from a trip on a cruise. He does drink pop & coffee.

O: Exam reveals normal testicle. He is uncircumcised. Prostate is normal for age, without nodularity or irregularity. UA is unremarkable except for occasional red & white cell. BS is normal. Random 121. PSA is pending.

A: Urinary frequency, normal exam.

P: I'm going to give him a trial of Detrol LA 4 mg once qd. RC by phone in 48 hrs.

TWK:dwc

10/10/07 Filed SS

11/20/07 Screening colonoscopy
E Dr. Rankliff

232-0055

122 OCT 2007
 Date: 12/2/07 Age: 57 1/2
 T: P: 100 BP: 112/70
 WT: 160 HT: HC: 35
 LMP: ALG: MEDS: Plavix, ASA 81mg
 n/s
 Dr. please Lipitor 10mg/d
 Check R side
 CBC
 D/A 10/10

S: Interestingly presents with R sided chestpain. It occurred last Thursday night when he was racing go-carts. He wrecked. Has had persistent pain in the R lateral chest since then.

O: Today he's in moderate distress when he moves or tender to palpation in this area. X-ray, however, does not reveal a rib-fracture. Exam is otherwise unremarkable without evidence of visceral injury. His urine reveals microscopic hematuria, occasional red & white cell. CXR rib detail does not reveal fracture.

A: Costochondral separation 2° to trauma.

P: Reassurance.

Darvocet N-100 for pain. Rest, limited work for the next week. Follow as needed.

TWK:Dwc

13 NOV 2007
 Date: 11/13/07 Age: 57
 T: P: BP: 112/70
 WT: 160 HT: HC: 35
 LMP: ALG: MEDS: Plavix, ASA 81mg

CBC
 Lipids
 hem
 TSH
 PSA
 CRP

23 NOV 2007
 Date: 11/23/07 Age: 57 11/0/50
 T: 119 P: 72 BP: 90/55
 WT: 158 HT: 5'8" HC: 35
 LMP: ALG: MEDS: Plavix, ASA 81mg daily, Vitamin
 Complete physical Lipitor 10mg/daily
 Screening colonoscopy &
 Dr. Linkeliff
 232-0055 Dec. 6, 2007
 3:00 AM
 MRP

S: 57 yo with history of CAD. Doing quite well. He's working hard on some extra curricular construction & has been losing weight actually. In October he was 170, now he's 158 surprising! He still has the urinary frequency, but seems like it's a little better, he said. Otherwise ROS is unremarkable.

PMH: reviewed. He has the L eye surgery congenital. He also has had a little skin mole, cyst, on the R back surgically excised. He has had the stint placed in 2001 for CAD. Dr. Head has been his primary cardiologist. Current meds: include Lipitor 10, ASA 81 mg qd, & Prilosec, he takes for reflux with sym. control.

CONT:

Radiology Associates

Radiology Services and Diagnostic Imaging

(864) 228-0355

Report of Findings

VERIFIED

FINAL

Patient Name **Christian, Ken**

Date Of Birth Aug 13, 1950

MRN

Ordering Physician Kendall, Thomas w

Reading Radiologist

Report Date & Time 10/26/2007 8:24:46AM

Requisition Number 1468KK

Requesting Location Outpatient

Procedures Performed

22-Oct-2007 R Rib Series

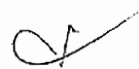
ICD9 Codes

786.5 CHEST PAIN

Dictated Report

RIGHT RIB DETAIL: Limited views are provided. Examination of the chest with right rib detail demonstrates intact bony elements. Adjacent lung aeration appears unremarkable. Soft tissue components appear within normal limits.

Impression: Right rib detail within normal limits.



Christman, Ken

11-20-07 cont:

He is recovering from this chestwall injury with the go-kart.

O: T: 97.9. P: 72. BP: 90/55. RC 110/50. WT, HT: as mentioned recorded. Skin reveals several nevi. No dysplastic appearing or atypical ones. HEENT: does have a slight ptosis of the L eyelid superiorally. TM's normal. Throat: clear. Neck supple. Thyroid normal. Chest is clear. Heart: RRRsM. Abd: soft, nontender. Previous genitalia exam reveals him to be uncircumcised with normal testicular exam. Prostate was normal w/o nodularity or irregularity (did not improve on the Detrol as far as urinary sx. were concerned). Rectal hasn't been examined otherwise. Extre: unremarkable. Neuro: normal.

Labs are reviewed. Lipids are in order except an LDL of 109. Panel is normal. PSA was already obtained & normal. TSH was 1.69. CBC was normal. Hemocult cards negative.

A: 57 yo white male with the following considerations:

- (1) History of CAD, s/p stint placement 2001.
- (2) 12-lb. weight loss, recently. Questionable significance.
- (3) Hyperlipidemia related to #1, not yet optimally controlled.
- (4) Urinary frequency of questionable significance. Prostate related?
- (5) Recent costochondral separation, convalescing.

P: This info was rehearsed.

DT is up to date per his employment.

I'm going to increase the Lipitor to 20 mg p.o. daily, continue ASA 81 mg qd & the Prilosec & add Flomax .4 h.s. to see if it could change his sym.

Screening colonoscopy is set up with Dr. Rinkliff. He will FU here in 3 months for lipid RC & by phone in 30 days for Flomax report.

TWK:dwc

11-26-07
12-4-07 G.F.

11/16/08

Lipitor 20 mg #30
Prilosec 30 mg
ASA 81 mg

visit Lipitor 4-17-08

4-17-08

Medco 1-800-837-0959

DATE 11/17/08
T 97.3 P BP 121/60

WT 158.5 HT HC

LMP ALG MEDS ASA 81 mg
Lipitor 20 mg
Prilosec
Flomax

2: Cholesterol ✓, sinus trouble,

Spot on @ toe & head

lipids

4: RV abdominal
St. comp / comp
Schubert / Actin / Krenfin scalp

0: Lipids rehearsed.

1- Hypolipidemic - up and
2- Recheck w/gh
3- 3/A Krenfin

P: 1- Cost Lipitor 20 mg po qd
2- Munch B.D
3- Crotalium

565

**UNIVERSITY MEDICAL GROUP
DEPARTMENT OF SURGERY
GENERAL SURGERY
35 MEDICAL RIDGE DR.
GREENVILLE, SOUTH CAROLINA 29605
PHONE (864) 232-0055. FAX (864) 232-0499**

PATIENT: CHRISTIAN, KEN
SSN: [REDACTED]

December 6, 2007

Mr. Christian is seen in the office today upon the request of Dr. Thomas Kendall for evaluation of screening colonoscopy. Mr. Christian is a 57 year old gentleman. He has never had a colonoscopy before. He denies blood per rectum, diarrhea or constipation, changes in his bowel habits, no change in the caliber of his stool, and no abdominal pain. There is no family history of colorectal cancer. He presents today for evaluation of a screening colonoscopy.

PAST MEDICAL HISTORY: Significant for coronary disease.

PAST SURGICAL HISTORY: Sinus surgery 2004.

CURRENT MEDICATION: Nexium, aspirin, and vitamins.

ALLERGIES: None.

SOCIAL HISTORY: Patient is an engineering technician. He does not smoke. He rarely drinks.

FAMILY HISTORY: Significant for lung cancer in father, unknown cancer in mother, unknown cancer in brother.

REVIEW OF SYSTEMS: As per HPI. Please also see medical questionnaire sheet for complete review of systems.

PHYSICAL EXAMINATION: Height 5'9". Weight 160. Lungs are clear to auscultation and percussion bilaterally. Cardiovascular: Regular rate and rhythm without murmurs, rubs or gallops. Abdomen: Good bowel sounds, soft, nontender and nondistended without masses or organomegaly.

ASSESSMENT: Age 57 in need of screening colonoscopy.

PLAN: Screening colonoscopy scheduled Greenville Memorial Hospital Patewood Campus 12/11/07. Risks and benefits of the procedure were discussed at length with the patient. He understands and wishes to proceed.



John M. Rinkliff, M.D., F.A.C.S.
Unsigned copies not reviewed by provider

JMR/dj,T: 12/17/07
cc: Tom Kendall, M.D.

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: CHRISTIAN, KENNETH D
PATIENT MR#: 000-970-63-7647
PATIENT SS#: [REDACTED]

Billing NO: 430000603765

DATE OF PROCEDURE: 12/11/2007

PREOPERATIVE DIAGNOSIS: Screening colonoscopy.

POSTOPERATIVE DIAGNOSIS: Screening colonoscopy.

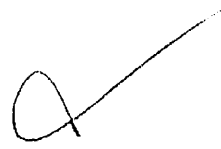
PROCEDURE: Screening colonoscopy.

ATTENDING SURGEON: John M. Rinkliff, MD

ANESTHESIA: Versed 5 mg and 100 mg Demerol IV.

FINDINGS:

1. Prep excellent.
2. Scattered diverticula.
3. Small internal hemorrhoids.
4. No masses, polyps.



RECOMMENDATIONS: High-fiber diet, instruction sheet given, follow up colonoscopy in 10 years time.

PROCEDURE IN DETAIL: Informed consent was obtained. The patient was brought to the GI lab and placed in the left lateral decubitus position. After an adequate level of conscious sedation was administered, the scope was advanced through the rectum to the sigmoid colon, descending colon, transverse colon, to ascending colon to ileocecal valve without difficulty. Photodocumentation was obtained as well of the ileocecal valve, the ileum as well as light reflex in the right lower quadrant. The scope was carefully withdrawn with the above findings and recommendations. Retroflexed views in the rectum showed internal hemorrhoid, otherwise normal.

OPERATIVE REPORT

Page 1 of 2

COPY FOR: Thomas W. Kendall, MD

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: CHRISTIAN, KENNETH D
PATIENT MR#: 000-970-63-7647
PATIENT SS#: [REDACTED]

Billing NO: 430000603765

John M. Rinkliff, MD

cc: Thomas W. Kendall, MD
John M. Rinkliff, MD

D: 12/11/2007 2:06 P T: 12/12/2007 1:36 P y01 DVI: 000650122 C/S#: 2388521

5/12/8
 Nexim 40 y #20 7/10/8
 faxed to Med Co @ 1-800-837-0959 KAH

98.5 128/60
 WT 164 H 174 HC 0
 LMP ALE MEDS
 Lipitor 10mg
 aspirin
 Fish oil
 vit-
 CC: (R) ear ache
 - Sore throat

S: R otalgia.

O: R TMJ. Remainder of exam is negative.

A: R otalgia.

P: Diclofenac 75 once qd with food.
 RC prn.

TWK:Dwc

✓

11/10 NOV 2008

Date Age
 T P BP
 WT HT HC
 LMP ALE MEDS

CBC
 UA
 hemocult
 lipids
 TSH
 PSA
 CMP
 SP

11/17 NOV 2008

97.5 164 174 100/58 10
 WT 164 HT 174 HC 10
 LMP ALE MEDS
 Pseudoephedrine
 Ibuprofen
 NK80

S: 58 yo with history of CAD in for annual check-up.
 He's overall doing quite well except for an incidental sore throat that he developed the last several days. Also has a little lesion on the L index finger, ulnar surface, about 2-3cm's, irritated itching area. Got after he worked in the yard, not sure what it was. Spider bite? Been battling with it for a couple of weeks. Does not hurt. He just peels the skin away & itches. Otherwise he complains of some urgency during the day.

O: T: 97.5. P: 60. BP: 100/58. WT, HT: recorded.
 Skin reveals a little area of eczematous or contact dermatitis the L index finger, middle portion. Several nevi & SK's are also noted. HEENT: remarkable for pharyngitis. RSA is neg. TM's today are normal. Neck supple. Chest is clear. Thyroid: normal. Heart: RRRSM. Abd: soft, nontender. No masses. Femoral pulses are strong. Genitalia: uncircumcised. Scrotal contents normal.

CONT:

CC: PE
 clear throat
 x2
 edema
 swelling

lipitor 10mg
 aspirin
 NSAID
 look at

hemocult

Trustman, Ken

11-17-08 cont:

No hernia. Prostate is normal for age. Rectal: neg.
Extre: unremarkable. Neuro is normal.

Labs include a UA normal. TSH, PSA & Panel are all normal with borderline 102 glucose. CBC is normal. Hemocult neg. Lipids are rehearsed & are satisfactory. Lipids to be faxed to Dr. Doug Head's office.

A: 58 yo white male with the following considerations:
(1) CAD, s/p stent placement 2001, asym.
(2) Hyperlipidemia, controlled.
(3) Pharyngitis, viral.
(4) L index finger contact dermatitis.
(5) Urinary urgency during the day?

P: This was all rehearsed.
Sym. treatment at this time.
Will give him Darvocet N-100 for throat pain q4-6h prn. He's given Rx. for Cialis per request, 20 mg. Nexium will be continued. Lipitor 10 will be continued. 81 mg ASA as well.
DT is up to date per his employment.
He had colonoscopy last Dec.

TWK:dwc

11-18-08 Lipids faxed to Dr. Doug Head
233-5971

12-9-08 faxed recent office notes & labs to
Upstate Cardiology (282-2090). AR

12/9/08 Allegra 60 y # 30
+ P/B/D

Called CGS 879-1702
He line JGshaw

2/18/09 Mytix Cream 45 y
B/D + NE

Called to CGS 879-1702
He line JGshaw

UPSTATE CARDIOLOGY, PA

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950



Date of Service: 12/01/2008

CHIEF COMPLAINT: Kenneth Christian is a 58 year old patient seen today for a follow-up of current cardiac condition.

HISTORY:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA The patient's hyperlipidemia has not changed. The patient denies myalgia. The patient is using statin drugs and is tolerating this well.

414.01-ASCAD - OF THE NATIVE VESSEL The angina has not changed with no episodes of chest pain since the last visit.

CURRENT ALLERGY LIST:

NKDA

MEDICATION INFORMATION SOURCE: Medication information source comes from the patient's medication list.dd

CURRENT MEDICATION LIST:

LIPITOR ORAL TABLET 10 MG, 1 Every Day

ASPIRIN 81 MG, 1 Every Day

MULT VIT, 1 Every Day

B12VIT, 1 Every Day

METAMUCIL ?MG, qd

FISH OIL OIL, 1 Every Day

PAST MEDICAL HISTORY:

SURGICAL: PTCA with cardiac stenting.

PHYSICAL EXAM:

VITAL SIGNS:

VS-PULSE: 68 Right Radial, Regular

VS-BLOOD PRESSURE: 110/60 Left Arm Sitting

VS-WEIGHT: 162lbs

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished individual in no acute distress.

NECK: Supple. No JVD. No Carotid Bruits.

CARDIOVASCULAR:

Heart rate and rhythm are regular. Normal S1, S2, no murmur.

CHEST: Equal bilateral expansion. The lungs are clear to anterior and posterior auscultation.

ABDOMEN: Soft, non-tender, without pulsatile masses, no organomegaly or bruit noted. Bowel sounds are active.

MEDCOST INC.

UPSTATE CARDIOLOGY, PA

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950



Date of Service: 12/01/2008

EKG INTERPRETATION: Normal sinus rhythm. ST or T-wave changes suggestive of ischemia.

ASSESSMENT/PLAN:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA

STATUS: Stable.

MEDICATIONS: Continue medications as prescribed.

414.01-ASCAD - OF THE NATIVE VESSEL

STATUS: Unknown.

MEDICATIONS: Continue medications as prescribed.

PROCEDURES: Schedule for a Stress Myoview according to scheduling provisions at our facility.

Procedure indication and risks were discussed.

FAX TO REFERRING DOCTOR: THOMAS KENDALL MD

Electronically Signed by: Douglas S. Head, MD on Monday, December 01, 2008

MEDCOST INC.

Page 2 of 2

UPSTATE CARDIOLOGY, PA

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 12/19/2008



MYOCARDIAL PERFUSION SCAN

REFERRING PHYSICIAN: THOMAS KENDALL MD

ORDERING PHYSICIAN: Douglas S. Head, M.D.

PATIENT AGE: 58 YRS

TEST INDICATIONS: The patient is here for delineation of extent and severity of coronary artery disease.

TEST INDICATIONS: CAD Risk Factor(s): age, dyslipidemia/hyperlipidemia, positive family history, abnormal EKG 794.31, coronary artery disease 414.00, Old MI 412, Post status PTCA V45.82.

INFORMED CONSENT: The nature of the procedure and its benefits were discussed with the patient. Risks include, but are not limited to: reaction to radiopharmaceutical agent, inability to complete the study, arrhythmias, MI and death. The patient had no further questions and agreed to proceed.

SPECT IMAGING DOSAGE: The patient was injected with 10.5 mCi of Cardiolite at rest. The patient was injected with 30.1 mCi of Cardiolite one minute prior to peak exercise.

Stress Test Vitals:

HR-Resting = 68 / minute

B/P-Resting = 120/70. Left Arm Sitting

HR - Peak - 151 / minute

B/P - Peak = 170/80 Left Arm Sitting

Target HR = 138

The patient exercised for 10.36 minutes.

This is equivalent to 12.6 METS.

% Age Predicted -93

TEST PROTOCOL: The patient exercised into Stage IV of the Standard Bruce.

TEST TOLERANCE: The patient experienced no chest pain. The test was stopped due to fatigue, shortness of breath. Occasional PAC's and sinus arrhythmia noted in recovery.

Resting EKG Interpretation: There is a normal sinus rhythm. There are nonspecific ST segment abnormalities.

Post Exercise EKG Interpretation: There was an associated 2-3 mm horizontal ST segment depression noted in the anterolateral leads during exercise and improved during the recovery phase, an associated 2-3 mm horizontal ST segment depression noted in the inferior leads during exercise and improved in the recovery phase. No T wave changes. There were no arrhythmias noted during exercise or recovery. No conduction delays.

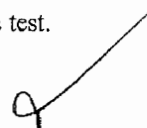
NUCLEAR SCAN: Normal perfusion on rest and stress scans.

GATED LEFT VENT FXN Gated left ventricular wall motion was normal.

CALCULATED EJECTION FRACTION: Ejection fraction is normal at 70%.

IMPRESSION:

1. Electrocardiographically positive exercise treadmill stress test.
2. Normal SPECT Cardiolite imaging.
3. Normal left ventricular systolic function.



MEDCOST INC.

UPSTATE CARDIOLOGY, PA

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950
[REDACTED]

Date of Service: 12/19/2008

Electronically Signed by: John E. Cebe, MD on Friday, December 19, 2008

MEDCOST INC.

Page 2 of 2

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Christian, Ken

4/10/09 Nexin 40 ⁹⁰ #36 ³ ^{NE}
1/22/09 Lipitor 10 ⁹⁰ #90 ^{NE}

written Rx faxed to
medco @ 1-800-837-0759
J. Brown

written Rx faxed to
medco @ 1-800-837-0759

15 SEP 2008

Date 15 SEP 2008 Age 59 1/2

Temp 99.0 P 66 BP 120/68

WT 165 HT 6'7" HC

IMP ALG MEDS Fisho. 1

CC: PE Vit B TT
Lipitor
Aspirin

S: PE to be accomplished.
ROS: except for PND is unremarkable.
Labs are reviewed. History is reviewed.

O: T: 98. P: 66. BP: 126/68. WT, HT: recorded.
Generally healthy appearing. HEENT: unremarkable
except for PND. Neck: supple. Thyroid: normal.
Chest is clear. Heart: RRRsM. He has had a
stint. Abd: soft, nontender. Genitalia:
normal. Scrotal contents: superficial venous
pattern on the scrotum. Not particularly sign.,
just noted. Rectal, prostate: normal for age.
Extre: unremarkable.
Labs are reviewed. He had some from outside
labs.
TSH was not on there. All other values are fine.
Will watch his cholesterol.

A: 59 yo white male with the following consideration
(1) Hyperlipidemia, s/p CAD.
(2) Reactive PND.

P: Will try Xyzal 500 mg qd & maintain the Lipitor
10 mg qd. Follow in 90 days.

TWK:dwc

18 MAR 2010

Date 18 MAR 2010 Age 59 1/2

Temp 96.9 P 7 BP 108/66

WT 167 HT HC

IMP ALG MEDS

MVE
Nexium 90
Lipitor 10mg
Mycinox D
ASA 81

ROS: Frequent Urination & Difficulty - 4-5 times
Head & Chest Coughs & Cough
NIA (U)
PSA

S: Presents with urinary frequency.

O: Prostate is enlarged. The R lobe is firm.
UA is completely clear. Remainder of GU
exam is unremarkable. He does have a little
nasal congestion & stuffiness, but chest is
clear.

A Allergic rhinitis & urinary frequency, BPH.

P: PSA is pending.
Will begin him on Flomax .4 h.s. & Xyzal
5 mg. If he's improving watch him, 2 weeks
RC. Otherwise urology consult if PSA is up.

TWK:dwc

Christian, Ken

3/30/10 Nexium 40 & iPO 125 ~~500~~ - faxed to Meaco
#9 (1-800-837-0959) AS

4/11/10 Xyzal 5 & #30 iPO 125 200
CVS
879-1702
5/2/10

4/30/10 Flomax .4 #30 iPO 125 500 called to CVS 859-7168
DRS line 78666

5/10/2010 request Rx for Xyzal faxed to Meaco @ 1-800-837-0959/20
500mg

5/11/2010 request Rx for Tenofovir not faxed to Meaco @
1-800-837-0959

07 SEP 2010
Date Age 60 1/2
T 97.8 P 62 BP 100/60
WT 174 HT HC 100/60
IMP ALG MEDS
CV: Comp. T-E
CBC
C/A
Hem
Lipids
TSH
CMP
(SH)
Lipitor 10m
Nexium 40m
Xyzal 5m

S: 60 yo with CAD, history of an MI. Followed by cardiology.

Currently on Nexium, Xyzal & Lipitor, multi-vitamins.

His main complaints today are referenced to a little rash on the L foot & fatigue.

Review of his meds reveals this is unremarkable.

O: T: 97.8. P: 62. BP: 100/60. WT: 174. Need his height, but it's not on there.

CONT:

Christian, Ken

9-7-10 cont:

HEENT: unremarkable. Neck: supple. Chest: clear. Heart: RRRsM. Abd: soft, nontender. Femoral pulses are strong. Checked his genitalia in March. This is not repeated. Extre: reveal a rash on the L leg. KOH neg. He does have onychomycosis of the L great toenail & we talked about that. Neuro: unremarkable.

Labs are pending.

A: 50 yo white male with the following considerations:

- (1) History of CAD.
- (2) Hyperlipidemia.
- (3) Allergic rhinitis.
- (4) Onychomycosis.
- (5) GER.

P: This was rehearsed.

We discussed DT & Zovirax. Will discuss his labs by phone tomorrow. He is to see Dr. Tom Siachos at Upstate Cardiology October 12.

TWK:dwc

9 Sept 2010 written Rx for Nystatin Triamcinolone 0.5% 30gm BID
E2RA for pt on cl. Bendal -

9 Sept 2010 Lipids & CMP from 9/7/10 fax'd to Dr. Tom Siachos
at Upstate Cardiology @ 233-5971

10 Sept 2010 m3 labwork re

104 OCT 2010
Date _____ Age _____
T _____ P _____ BP _____
WT _____ HT _____ HC _____
CMP _____ ALG _____ MEDS _____

CMP
10/10/10

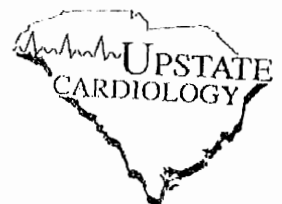
Send labwork

to

A. Thomas Siachos, M.D., F.A.C.C.
Interventional Cardiology
Peripheral Vascular Diseases

2 Innovation Drive, Suite 400
Greenville, SC 29607
Office 864 • 235 • 7665
Fax 864 • 233 • 5971

282 2090



www.upstatecardiology.com

10/15/10 Fax'd labs to Dr
Siachos @ 282-2090:
CMP & Lipids

UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 10/14/2010

CHIEF COMPLAINT: Kenneth Christian is a 60 year old patient here today for a consultation. Here for routine annual follow up. Known CAD s/p stent to unknown vessel (probably the LAD) in 2001. Working hard doing landscaping without any limitations. No exertional chest discomfort, SOB, DOE, or palpitations. BP and HR excellent today. Lipids followed by Dr. Kendall.

HISTORY:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA
410.11-ANTERIOR MYOCARDIAL INFARCTION
414.01-ASCAD - OF THE NATIVE VESSEL
V45.82-STATUS POST PTCA /STENT

CURRENT ALLERGY LIST:
NKDA

MEDICATION INFORMATION SOURCE: Medication information source comes from the patient's memory, Nurse's initials:.ag

CURRENT MEDICATION LIST:

LIPITOR ORAL TABLET 10 MG, 1 Every Day
ASPIRIN 81 MG, 1 Every Day
MULT VIT, 1 Every Day
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG, 1 qd
FISH OIL CONCENTRATE ORAL CAPSULE CONVENTIONAL 1000 MG, 1 qd

SOCIAL HISTORY:

TOBACCO: Does not give any significant history of tobacco usage.
ALCOHOL: Does not give any significant history of alcohol usage.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Denies history of fever, unexplained weight loss or new fatigue.
EYES: No history of blurred vision or glaucoma.
EARS/NOSE/MOUTH/ THROAT: No history of hearing changes or epistaxis.
RESPIRATORY: No cough, hemoptysis or wheezing.

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Page 1 of 3

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Cardiology

10/15/2010 12:51

RECEIVED FROM:

#4121-002

UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN
Date of Birth: 08/13/1950

Date of Service: 10/14/2010

CARDIAC: See HPI.
GI: No history of pain, melena, hematochezia or ulcers.
GU: No history of renal failure, stones or recent infections.
MUSCULOSKELETAL: No history of inflammation, claudication or edema.
NEUROLOGICAL: No history of stroke or TIA.
SKIN: No history of rash or non-healing wounds.
PSYCHIATRIC: No history of depression.
ENDOCRINE: No history of diabetes or thyroid disease.
HEMATOLOGIC: No history of bleeding diathesis, clotting disorder or prior DVT/Pulmonary embolus.

PHYSICAL EXAM:

VITAL SIGNS:

VS-PULSE: 68 Right Radial, Regular
VS-BLOOD PRESSURE: 110/66 Left Arm Sitting
VS-HEIGHT: 5ft9in
VS-WEIGHT: 170lbs
BMI: 25.1

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished individual in no acute distress.

NECK: Supple. No JVD. No Carotid Bruits.

CARDIOVASCULAR:

Heart rate and rhythm are regular. Normal S1, S2, no murmur.

CHEST: Equal bilateral expansion. The lungs are clear to anterior and posterior auscultation.

ABDOMEN: Soft, non-tender, without pulsatile masses, no organomegaly or bruit noted. Bowel sounds are active.

EXTREMITIES No varicosities of the extremities or edema, pulses are full and symmetrical.

EKG INTERPRETATION: Normal sinus rhythm. Normal tracing.

ASSESSMENT/PLAN:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA

STATUS: Stable.

MEDICATIONS: Continue medications as prescribed.

410.11-ANTERIOR MYOCARDIAL INFARCTION

1331

Page 2 of 3

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Cardiology

10/15/2010 12:52 RECEIVED FROM:

#4121-003

UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN
Date of Birth: 08/13/1950

Date of Service: 10/14/2010

STATUS: Resolved.
MEDICATIONS: Continue medications as prescribed.
414.00-ASCAD - (UNSPECIFIED)
STATUS: Stable.
MEDICATIONS: Continue medications as prescribed.
V45.82-STATUS POST PTCA /STENT
STATUS: Stable.
MEDICATIONS: Continue medications as prescribed.

RETURN VISIT: Patient instructed to return in 1 year.

Thank you for allowing us to participate in the care of your patient. We plan to keep you informed regarding further cardiac evaluation. Please don't hesitate to contact us if you have any questions or suggestions.

FAX TO REFERRING DOCTOR: THOMAS KENDALL MD Phone: 234-7000

Electronically Signed by: A. Thomas Siachos, M.D. on Thursday, October 14, 2010 8:11 am

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Cardiology

10/15/2010 12:52 RECEIVED FROM:

586121-004

Institution, Ken

8/13/1950

1-2-2010 per Mr. Gendree root for pt to see Mr. Thomas Protko
442-0771 re. depression Tue 11/30/10 arrive 3:30pm
pt. not feel - Dr. Protko
Shawna

22 DEC 2010
Date 12/22/10 Age 60 4/12
P 72 BP 124/112 124/112
WT 172 HT 5'10" HC 42 100
MP ALG MEDS APR 81 mg/d
Lipitor 10 mg/d

Re: Rt shoulder flexion
pain

- S: Having R shoulder pain for over a week.
- O: Marked bicipital tendinitis, some cervical pain as well. Some scapula pain as well, but I think primary is bicipital tendinitis.
- A: X-ray was neg. except for some mild deg. change, R shoulder.
Bicipital tendinitis R shoulder, mild deg. arthritis & probable cervical osteoarthritis as well.
- P: Will give him Voltaren Gel 1" t.i.d. to the R shoulder. Lortab 5 q6h prn pain.
Follow in 2 weeks. If not improving, consider cortisone injection of the shoulder.

TWK:dwc

1-3-10 Faxed SW Rx to Medco @ 1800-837-0959 for Xipiter 20mg #90
C 3 rfs 1/2 po qd

1-17-11 faxed Rx to Medco 1800-837-0959 for Nexium 40mg #90 1/2 po daily C 3 rfs

1-20-2011 pt may try Aleve 5-10cc & 12h (OTC) pt not feel - Dr. Protko

Radiology Services and Diagnostic Imaging

(864) 228-0355

Report of Findings	VERIFIED	FINAL
Patient Name	Christian, Kim <i>Ken</i>	
Date Of Birth	Aug 13, 1950	
MRN		
Ordering Physician	Kendall, Thomas w	
Reading Radiologist	Martin Ruocco PHD MD	
Report Date & Time	12/23/2010 2:10:58PM	
Requisition Number	1468KK	
Requesting Location	Outpatient	

Procedures Performed	ICD9 Codes
22-Dec-2010 R Shoulder Series	719.41 PAIN IN JOINT INVOLVING SHOULDER REGION

Dictated Report

RIGHT SHOULDER: Examination of the right shoulder demonstrates intact bony elements. Joint space articulation appears anatomic. The acromioclavicular articulation appears anatomic. Moderate sized osteophyte formation is noted on the lateral clavicle. The acromiohumeral interval is preserved. Soft tissues are unremarkable.

Impression: Degenerative disease as noted.



Martin Ruocco PHD MD

Radiology Services and Diagnostic Imaging

(864) 228-0355

Report of Findings	VERIFIED	FINAL
Patient Name	Christian, Kim <i>Hein</i>	
Date Of Birth	Aug 13, 1950	
MRN		
Ordering Physician	Kendall, Thomas w	
Reading Radiologist	Martin Ruocco PHD MD	
Report Date & Time	12/23/2010 2:10:58PM	
Requisition Number	1468KK	
	Outpatient	

Procedures Performed

22-Dec-2010 R Shoulder Series

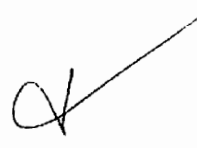
ICD9 Codes

719.41 PAIN IN JOINT
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Impression: Degenerative disease as noted.



Martin Ruocco PHD MD

Mustian, Ken

JAN 21 2011

Date 1/21/11 Age 60
T 97.9 66 BP 110/60
WT 170 HT 5'10" FC 100
LMP 1/10/10 ALG 0 MEDS 0

Flexofenadine 1+1 Fish oil
ASA 82 mg 2d Nixam
Lipitor 10mg

CC: congestion
sinus headache

② wants wine check

③ back pain

S: Here with complaint of fever, chills, muscle aches, head congestion. Been going on for 7-8 days now. Not getting any better.

O: PE reveals HEENT to be normal except for nasal mucosal swelling with purulent drainage present. Neck: supple. Chest: clear. No superpubic or CVA tenderness.

A: Sinusitis.

P: Amoxil 500 mg 2 tabs b.i.d. x 10 days.
Force fluids, hot showers, Mucinex & Advil.

RWK:dwc

MAR 17 2011

Date 3/17/11 Age 60 7/12
T 97.5 66 BP 100/60 ASA SEM
WT 172 HT 5'10" FC 100 Lipitor 10mg
LMP 1/10/10 ALG 0 MEDS Flexofenadine
Mucinex Plain

CC: Chest Congestion Cough
Head Congestion 2 MUCUS

Fish oil
MVI

S: Has had cough, congestion for a week. Never really got over what he had in January, he said.

O: Mild central rhonchi. HEENT: reactive pharyngitis. TM's normal.

A: Respiratory inf.

P: Amoxicillin 875 b.i.d. x 20 days.
Singulair 10 mg 1 po qd.
Advair 100/50 inhalation b.i.d., Cheratuss AC h.s. prn cough. Follow prn.

TWK:dwc

Christian, Ken
(DOB 08/13/1950)

3/30/11 per Dr. Gendall / ^{pt} do ^{stop} meds ^{per pt} S/C Anaxicillin 2d ago & Singulair none today
pt do urinary complaints "pain & burning
lower abd hurts - leg & foot pain"
do "rash" ~~per pt~~ "stomach area" pt says
using Neomycin to area
Dr. Gendall if Sym present see pt. pt notified
& state respiratory symptoms improved ———— J. Brown
J

MAR 31 2011

DOB 1982 AGE 48 L0138
T982 L8 PD 116/68 L4
WT 172 L4 HC 141
LMP 1/18/85 MEDS 8/1/85 B0

PH. does
not want to
4500
Alvair
5.08 gals

280 fms
10 mg
fish oil
27 B
complex
max, near
other
mets
8/2.

2. follow up
 to skin test
 leg, back
 pain & uric acid
 rash "5/10/60"
 chca
 pmt.
 CBI
 JAB

- S: Had some problems with his meds, he thinks. He has low back, groin, hip, leg pain. Some dysuria.
- O: Today INAD. Exam is not remarkable for any discreet findings. His CBC & UA are unremarkable. Scrotal exam is unremarkable. Muscle exam is unremarkable.
- A: Drug side effect ? Singulair vs. Advair vs. ?
- P: Will observe. If he persists with sx, check CPK. I think at this point he should do well. His respiratory inf. has resolved.

TWK:dwc

Christian, Ken

APR 01 2011

Date _____ Age _____

P 98.7 BP 132/65 RA

WT 172 1/2 HT _____ HC _____

LMP _____ ALG 2nd MICS 5mm

30-in yesterday

- 5x have worsened

Started Rash 3 days ago

Swimming

100
66

S: Here for complaint of pain in his pelvic region, radiating down his L leg & rash on his buttocks.

O: PE reveals vesicular rash on his L buttocks & around his anus & scrotum. Otherwise normal exam.

A: Shingles.

P: Phy. measures are outlined, + he is to use Valtrex 1 gr. t.i.d. for 7 days & Lortab prn pain, 30 with no RF's. If he does not get complete relief, he'll try Elavil 10 1-4 tabs q.i.d. I gave him 100 with no RF. Also suggested that after he gets over this, he may want to get the Zostovax.

RWK:dwc

4-21-11 mailed forms for Family + Medical Leave act to patient - JH (copied for chart)

7/17/11 Zostovax Rx to be given at Walgreens.
faxed to Walgreen @ 855-2974 93

AUG 04 2011

Date _____ Age _____

P 68 BP 108/66

HT 70 HT _____ HC _____

Advaic MICS

do two podiatric

① foot

Drawn up:

Kenalog 40 0.5ml

Lot 04439 exp 7/12

+ Lidocaine 2% 0.5ml

lot 90-381-DIC exp. 6-1-12

Prayer RN

Lipitor 10mg

ASA 81mg

Nexium 40mg

RSNO.1

MVE, HFB

S: Here for evaluation of pain in his R great toe because of ingrown toenails & the bottom of the R 2nd toe at MP joint. States that this has been bothering him for several weeks.

O: PE reveals tenderness to palpation over the MP head of the 2nd toe. He does have ingrown toenail & onychomycosis of the L great toenail.

p: Soak in hot water & massage toenail away from the nailbed. Get gel innersoles to wear in his work shoes, not to go barefoot. I injected the MP joint of the 2nd toe with 1/2cc of Xylocaine & 1/2cc of Kenalog.

RWK:dwc

Mustian, Ken

EP 27 2011 61

P 60 BP 100/60

T 165 HT 180

AP ALG Lst MEDS

Mucinex - 6 days
Lipitor

SS: (BC, UA lipids, Hematocrit)
C: Comp PE
Nexium
Flex seed oil
ASA 81mg
B-Vit

S: Here for complete phys.

He's a 61 yo white male with PMH + for lacerated scrotum at 8 years of age due to an accident. Sinus surgery in 2000, CAD s/p stent in 2001, colonoscopy with no abnormalities noted in 2007.

FH: mother died at aged 55 of CA. Doesn't know what organ. On her side of the family history of heart attacks. Father died at aged 38 of CA. He doesn't know what type. On his side of the family he has no history. He has 5 brothers. One died of heart attack, 2 died of CA, 1 died of occupational lung disease. Has 5 sisters, 1 with heart attack, 1 died as a newborn, 1 had stroke. He has 1 child who's alive & well.

Social history: been married for 38 years.

Education: Assoc. degree in Electronic Eng. at Greenville Tech. He has worked at Sew Eurodrive for 29 years.

Hobbies: computer games, landscaping.

Habits: neg.

Meds: pt. is taking Mucinex for the last 6 days, Lipitor 10 mg qd, Nexium 40 mg qd, Flex seed oil, ASA 81 mg qd & B-vitamins.

No known allergies.

ROS: + for decreased hearing, esp. when wife is talking. Sinus congestion for the past 2 weeks, taking Mucinex. Constipation controlled with fiber. Dribbling on urination. Decreased stream, pain on top of L foot this past week but feels like it's getting better. ED but the med. such as Viagra cause him to have severe HA & he doesn't want to take it.

O: Generally WDWN white male INAD. Skin: GTT. He has numerous seb. keratoses. Has a tattoo on L forearm. HEENT: normal. Neck: supple. Chest: clear. CV exam: RRR. S-1, S-2: normal, no murmurs. Pulses: 2+ & equal. BP: 90/60. Abd: soft, w/o masses. Genitalia: normal, uncircumcised male. Testicles descended. He has some capillary hemangiomas on the scrotum. Rectal exam reveals no enlargement of prostate. Extre: GS & ROM. Neuro: intact.

A: (1) CAD, s/p stent. (2) Dyslipidemia. (3) URI with sinusitis/bronchitis. (4) Constipation. (5) BPH. (6) ED.

P: Phy. measures to control these things outlined.

He's going to increase his Lipitor to 20 mg qd by taking half of 40 or 2 10's. Encouraged to continue his exercises.

Follow phy. measures for the URI. If not improved, will add Doxycycline 100 mg b.i.d. x 10 days. He's going to add stool softeners to prevent constipation problem. He'll return to see us prn or 2 months for RC on lipids.

RWK:dwc



7-30-11 Copied & mailed O.V & recent labs to Dr. [unclear] who is in [unclear] Cardiology. 1/1/11 [unclear]

Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



OMB Control Number: 1215-0181

Expires: 12/31/2011

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: SKW-EuroDrive, Inc. Martha Smith / HR ⁸⁶⁴⁻⁶⁶¹⁻¹²⁹⁵

Employee's job title: Electronics Regular work schedule: 40/wk

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: Kenneth Dorsey Christian
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: Richard W. Kemmerlin 1817 Woodlawn Rd
Areonville, SC 29607
Type of practice / Medical specialty: FP
Telephone: (864) 234-2800 Fax: (864) 234-4719

PART A: MEDICAL FACTS

1. Approximate date condition commenced: 3/31/11

Probable duration of condition: 2 weeks

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☒ No ☐ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

3/31/11, 4/1/11

Will the patient need to have treatment visits at least twice per year due to the condition? ☒ No ☐ Yes.

Was medication, other than over-the-counter medication, prescribed? ☐ No ☒ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

☒ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ☒ No ☐ Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ☐ No ☒ Yes.

If so, identify the job functions the employee is unable to perform:

Operate dangerous machinery

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Medication to relieve pain causes mental
depression. He would be at increase
risk for accidents

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☒ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: 3/31/11 - 4/10/11
Return to work 4/11/11

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☒ No ☐ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
☐ No ☒ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☒ No ☐ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
☐ No ☒ Yes. If so, explain:

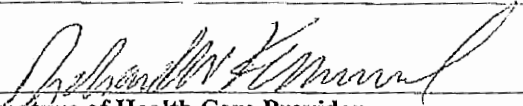
Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Lined area for handwritten notes or comments.


Signature of Health Care Provider

4/21/11
Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 10/26/2011

CHIEF COMPLAINT: Kenneth Christian is a 61 year old patient seen today for annual follow-up. Doing great without chest pain, SOB, DOE, edema or palpitations. Working hard but not getting much cardio exercise. Watching diet and recently increased lipitor (per Dr. Kendall).

HISTORY:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA
410.11-ANTERIOR MYOCARDIAL INFARCTION
414.00-ASCAD - (UNSPECIFIED)
V45.82-STATUS POST PTCA /STENT

CURRENT ALLERGY LIST:

NKDA

MEDICATION INFORMATION SOURCE: Medication information source comes from the patient's medication list, Nurse's initials://sp

CURRENT MEDICATION LIST:

ASPIRIN 81 MG, 1 Every Day
MULT VIT, 1 Every Day
NEXTUM ORAL CAPSULE DELAYED RELEASE 40 MG, 1 qd
FISH OIL CONCENTRATE ORAL CAPSULE CONVENTIONAL 1000 MG, 1 qd
LIPITOR ORAL TABLET 20 MG, 1 Every Day

SOCIAL HISTORY:

TOBACCO: Does not give any significant history of tobacco usage.
ALCOHOL: Does not give any significant history of alcohol usage.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Denies history of fever, unexplained weight loss or new fatigue.
EYES: No history of blurred vision or glaucoma.
EARS/NOSE/MOUTH/ THROAT: No history of hearing changes or epistaxis.
RESPIRATORY: No cough, hemoptysis or wheezing.

1331

Page 1 of 3

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Cardiology

18642344719

10/27/2011 14:19

RECEIVED FROM:

592
#3291-002

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 10/26/2011

CARDIAC: See HPI.

GI: No history of pain, melena, hematochezia or ulcers.

GU: No history of renal failure, stones or recent infections.

MUSCULOSKELETAL: No history of inflammation, claudication or edema.

NEUROLOGICAL: No history of stroke or TIA.

SKIN: No history of rash or non-healing wounds.

PSYCHIATRIC: No history of depression.

ENDOCRINE: No history of diabetes or thyroid disease.

HEMATOLOGIC: No history of bleeding diathesis, clotting disorder or prior DVT/Pulmonary embolus.

PHYSICAL EXAM:

VITAL SIGNS:

VS-PULSE: 62 Right Radial, Regular

VS-BLOOD PRESSURE: 102/68 Left Arm Sitting

VS-WEIGHT: 168lbs6oz

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished individual in no acute distress.

EYES: Sclera clear and pupils are round and equal.

EARS/NOSE/MOUTH/THROAT: Hearing grossly normal.

NECK: Supple. No JVD. No Carotid Bruits.

CARDIOVASCULAR:

Heart rate and rhythm are regular. Normal S1, S2, no murmur.

CHEST: Equal bilateral expansion. The lungs are clear to anterior and posterior auscultation.

ABDOMEN: Soft, non-tender, without pulsatile masses, no organomegaly or bruit noted. Bowel sounds are active.

EXTREMITIES: No varicosities of the extremities or edema, pulses are full and symmetrical.

MUSCULOSKELETAL EXAM:

EXAM: No peripheral clubbing, cyanosis or edema is present.

SKIN: Skin is warm and dry.

NEUROLOGICAL: No motor weakness noted. Gait normal.

MENTAL STATUS: Normal mood and affect.

EKG INTERPRETATION: Normal sinus rhythm.

1331

Page 2 of 3

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18642344719

10/27/2011 14:19

RECEIVED FROM:

#59291-003

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 10/26/2011

ASSESSMENT/PLAN:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA

STATUS: Stable. Target LDL <70 optimally, at least <100 given known CAD s/p PCI (per Dr. Kendall)

MEDICATIONS: Continue medications as prescribed.

410.11-ANTERIOR MYOCARDIAL INFARCTION

STATUS: Stable.

MEDICATIONS: Continue medications as prescribed.

414.00-ASCAD - (UNSPECIFIED)

STATUS: Stable.

MEDICATIONS: Continue medications as prescribed.

V45.82-STATUS POST PTCA /STENT

STATUS: Stable.

MEDICATIONS: Continue medications as prescribed.

RETURN VISIT: Patient instructed to return in 1 year.

Thank you for allowing us to participate in the care of your patient. We plan to keep you informed regarding further cardiac evaluation. Please don't hesitate to contact us if you have any questions or suggestions.

FAX TO REFERRING DOCTOR: THOMAS KENDALL MD Phone: 234-7000

Electronically Signed by: A. Thomas Siachos, M.D. on Wednesday, October 26, 2011 9:03 am

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Page 3 of 3

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Cardiology

18642344719

10/27/2011 14:19

RECEIVED FROM:

594
#3291-004

Overnight Oximetry Report

Patient Data	Narr	Christian, Kenneth	Gender: Unspecified
Age: 0	DOB:		BMI: 0.0
Physician:		Height: 0 in	ID:
Note 1:		Weight: 0 lb	
		Note 2:	

Recording Date: 18 September 2012	Time: 23:35:40	Duration: 05:45:44	Analyzed: 05:41:24
Comments:			
Data storage rate of 4 seconds every sample.			

Event Data	SpO2	Pulse	%SpO2 Level	Events	Below(%)	Time(%)
Total Events	47	340	99 - 95	0	100	100.0
Time In Events (min)	27.7	78.5	94 - 90	47	95	9.4
Avg. Event Dur. (sec)	35.3	13.8	89 - 85	0	90	0.0
Index (1/hr)	8.2	59.0	84 - 80	0	85	0.0
% Artifact	1.3	1.3	79 - 75	0	80	0.0
Adjusted Index (1/hr)	8.3	59.8	74 - 70	0	75	0.0
%SpO2 Data			69 - 65	0	70	0.0
Basal SpO2(%)	96.3		64 - 60	0	65	0.0
Time (min) < 88%	0.0		59 - 55	0	60	0.0
Events < 88%	0		54 - 50	0	55	0.0
Minimum SpO2 (%)	90		49 - 45	0	50	0.0
Avg. Low SpO2 (%)	92.6		44 - 40	0	45	0.0
Avg. Low SpO2 < 88%	***		39 - 35	0	40	0.0
Pulse Data			34 - 30	0	35	0.0
Avg. Pulse Rate(bpm)	60.2					
Low Pulse Rate (bpm)	51					

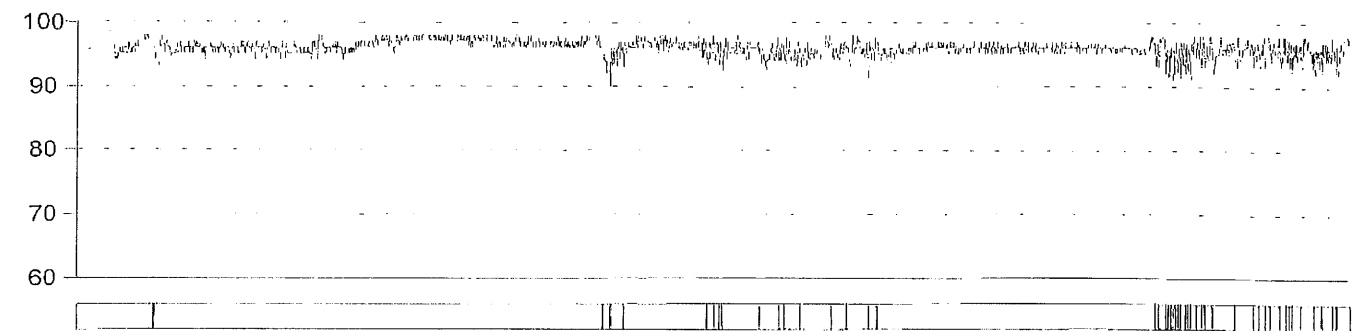
Analysis Parameters

Desaturation Event: drop in SpO2 by at least 4% for a minimum duration of 10 seconds.

Pulse Event: Change in rate by at least 6 bpm for a minimum duration of 8 seconds.

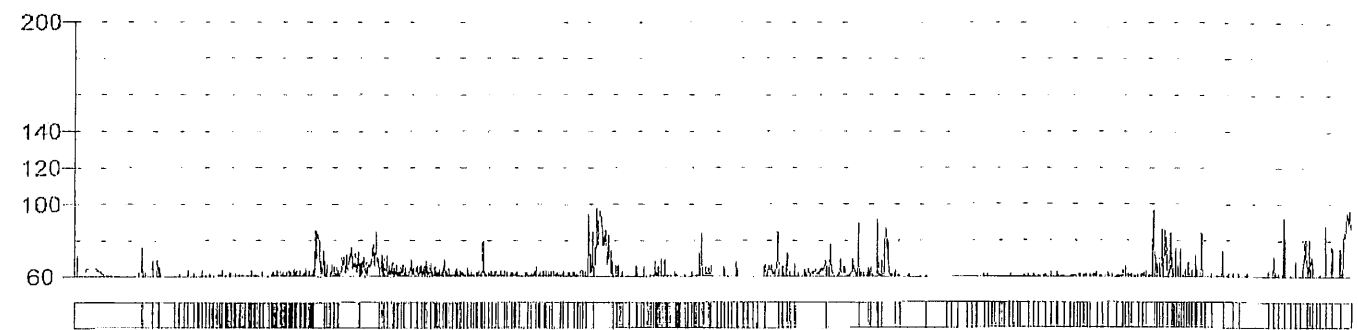
Graphic Summary

SpO2 (10 % per division)



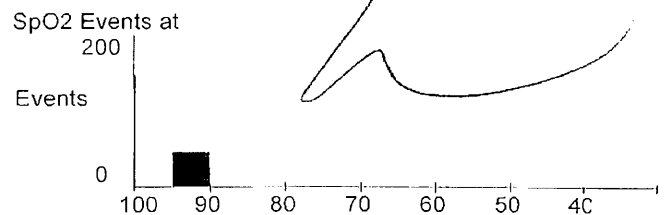
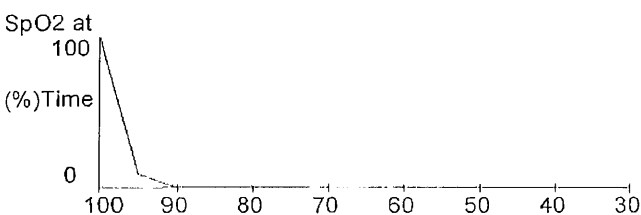
Events

Pulse Rate (20 BPM per division)



Events

Time



Overnight Oximetry Report

Patient Data
Age: 0
Physician:
Note 1:

Name: hristian, Kenneth
DOB:

Height: 0 in
Weight: 0 lb
Note 2:

Gender: Unspecified
BMI: 0.0
ID:

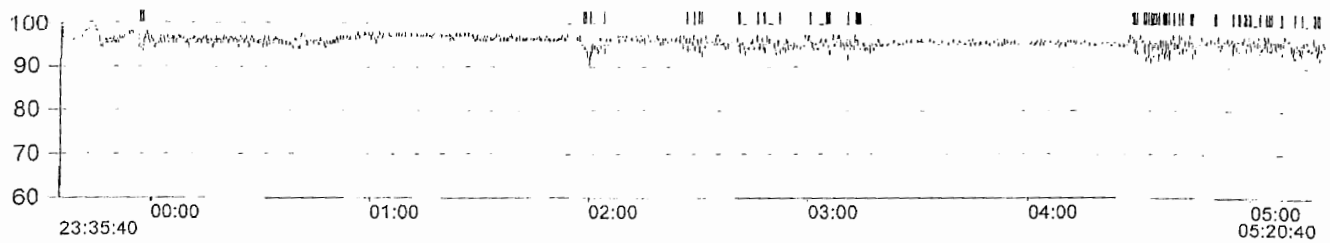
Recording Date: 18 September 2012
Comments:

Time: 23:35:40

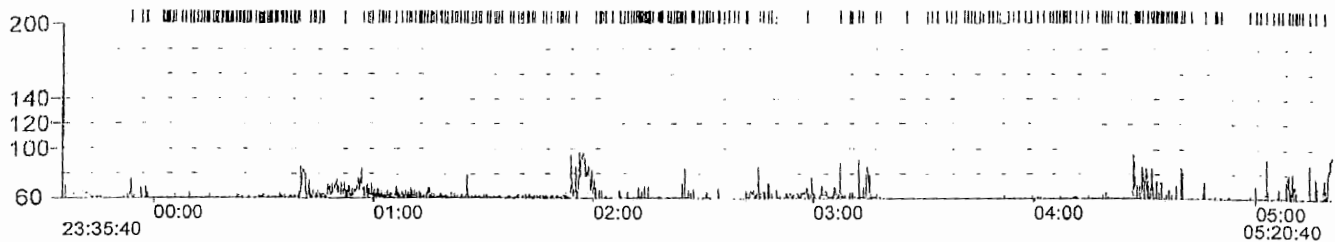
Duration: 05:45:44

Analyzed: 05:41:24

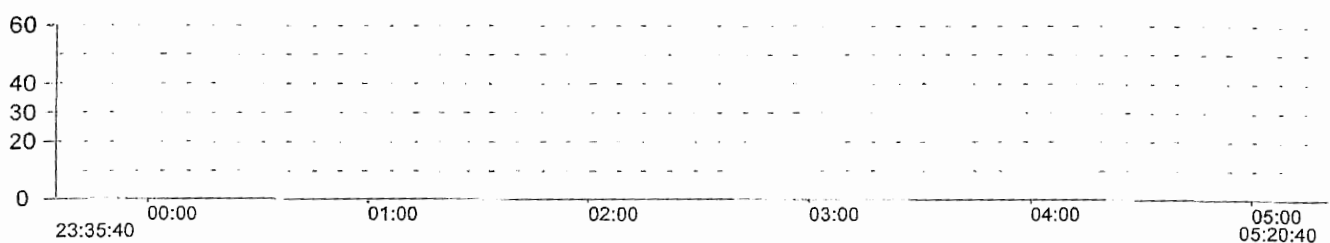
SpO2 (10 % per division)



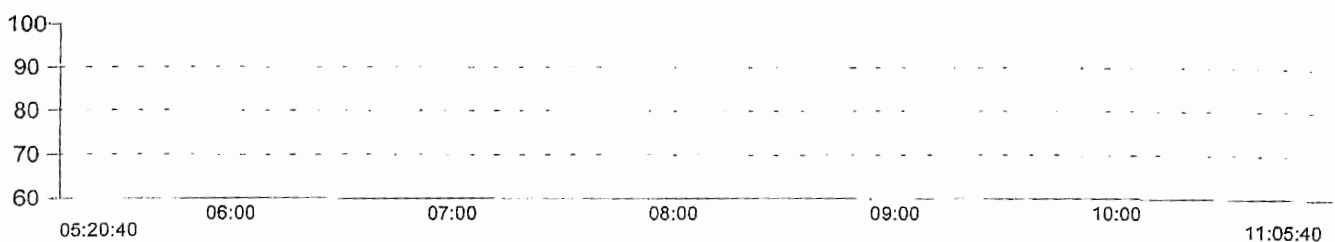
Pulse (20 BPM per division)



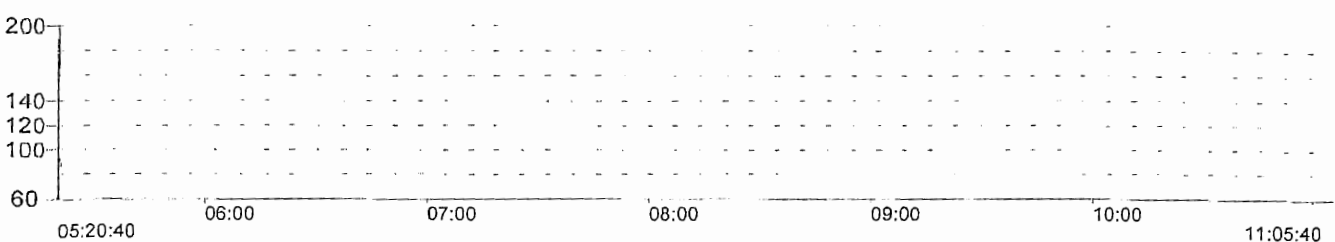
Respiration Rate (10 BrPM per division)



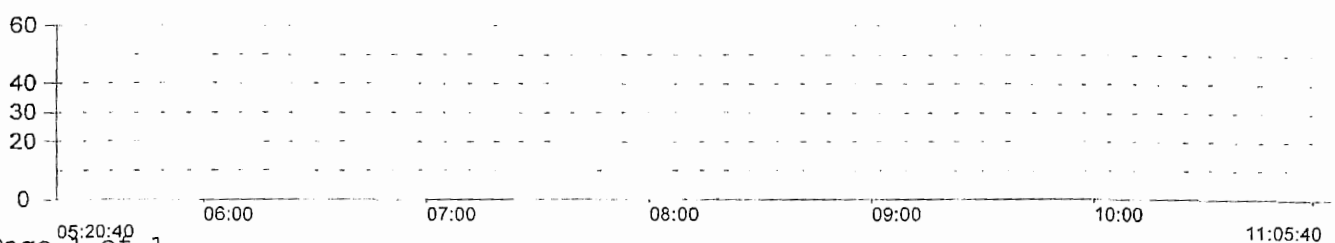
SpO2 (10 % per division)



Pulse (20 BPM per division)



Respiration Rate (10 BrPM per division)



UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 11/01/2012

CHIEF COMPLAINT: Kenneth Christian is a 62 year old patient seen today for annual follow-up. Doing well without angina, CHF, palpitations, edema, orthopnea, or PND. Tolerating meds well. Dr. Kenall recently increased his lipitor to 40mg QHS, getting repeat lipid profile in mid November. Tolerating statin well. Mowing grass and working hard without any limitations. BP and HR control excellent.

HISTORY:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA

410.11-ANTERIOR MYOCARDIAL INFARCTION s/p lytics and Nir stent in 2001 Dr. Ross

414.00-ASCAD - (UNSPECIFIED)

V45.82-STATUS POST PTCA /STENT

CURRENT ALLERGY LIST:

NKDA

MEDICATION INFORMATION SOURCE: Medication information source comes from the patient's medication list, Nurse's initials:.yc

CURRENT MEDICATION LIST:

ASPIRIN 81 MG, 1 Every Day

MULT VIT, 1 Every Day

NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.4 MG, PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES FOR UP TO 3 DOSES AS NEEDED FOR CHEST PAIN.CALL 911 IF PAIN PERSISTS.

LIPITOR ORAL TABLET 40 MG, 1 Every Day

COMPLEX B-100 ORAL TABLET CONTROLLED RELEASE, 1 Every Day

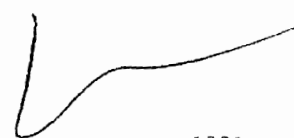
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG, 1 Every Other Day

FISH OIL ORAL CAPSULE CONVENTIONAL 1200 MG, 1 qd

SOCIAL HISTORY: no current tobacco or ETOH use

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Denies history of fever, unexplained weight loss or new fatigue.



1331

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 11/01/2012

RESPIRATORY: No cough, hemoptysis or wheezing.
CARDIAC: No history of shortness of breath, palpitations, orthopnea, pre-syncope or syncope.
GI: No history of pain, melena, hematochezia or ulcers.

PHYSICAL EXAM:

VITAL SIGNS:

VS-PULSE: 80 Right Radial, Regular
VS-BLOOD PRESSURE: 122/80 Left Arm Sitting
VS-HEIGHT: 5ft9.5in
VS-WEIGHT: 166lbs7oz
BMI: 24.22

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished individual in no acute distress.

NECK: Supple. No JVD. No Carotid Bruits.

CARDIOVASCULAR:

Heart rate and rhythm are regular. Normal S1, S2, no murmur.

CHEST: Equal bilateral expansion. The lungs are clear to anterior and posterior auscultation.

ABDOMEN: Soft, non-tender, without pulsatile masses, no organomegaly or bruit noted. Bowel sounds are active.

EXTREMITIES No edema, no varicosities. Distal pulses 2+ and symmetric

EKG ORDERED AND REVIEWED WITH PATIENT: Normal sinus rhythm. 71bpm, normal axis, normal intervals, normal ST and T's. No prior ECG evidence of anterior MI.

ASSESSMENT/PLAN:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA

STATUS: Stable. Target LDL<70 optimally, but at least <100. Per Dr. Kendall.

MEDICATIONS: Continue medications as prescribed.

410.11-ANTERIOR MYOCARDIAL INFARCTION

STATUS: Resolved. Stable. No Q waves on ECG, looks good. Great result s/p lytics and stenting with Nir stent 11 years ago.

MEDICATIONS: Continue medications as prescribed.

1331

Page 2 of 3

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Cardiology

18642344719

11/05/2012 20:00

RECEIVED FROM:

42007 002

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 11/01/2012

414.00-ASCAD - (UNSPECIFIED)

STATUS: Stable.

Working hard without any angina or anginal equivalent symptoms

MEDICATIONS: Continue medications as prescribed.

V45.82-STATUS POST PTCA /STENT

STATUS: Stable.

MEDICATIONS: Continue medications as prescribed.

RETURN VISIT: Patient instructed to return in 1 year.

Thank you for allowing us to participate in the care of your patient. We plan to keep you informed regarding further cardiac evaluation. Please don't hesitate to contact us if you have any questions or suggestions.

FAX TO REFERRING DOCTOR: THOMAS KENDALL MD Phone: 234-7000

Electronically Signed by: A. Thomas Siachos, M.D. on Thursday, November 01, 2012 4:13 pm

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18642344719

11/05/2012 20:00

RECEIVED FROM:

599

#2007-004

Christian, Ken

DEC 29 2011 6/5/12

HT 169 Fb 138/70

Advair

ASA 81mg

Vit B Complex

Fish oil 1000mg

pain in (L) elbow x 2wk

pain in (L) foot

S: Dellinger. 2nd MTP Jt

O: Epinephrine

Metatarsalgia - 2nd MTP Jt

A: as above

P: Diclofenac gel TPO
both areas

Metatarsal pad

IF 2 wk pr

3/19/12
Napier (n.m.d.)

#100 EC 81mg

faxed to Medco @ 1-800-837-0959

Dr. Ken

5/10/12 Aspirin EC 81mg i tab po qd #100 @ 3 AF ~ faxed to Medco @ 306-2823

SEP 18 2012

Age 62

BP 130/80

WT 164 HT 5'8" HC

ALB 4.0

ALP 120

Comp PE

Lipitor 20mg

ASA 81mg

Nasum 40mg QOD

Sup-B Complex

Fish oil 1200mg

LABS: CBC, U/A, Hemo, Lipids, PSA, CKP

AT

Lipitor 40mg #20 + POOR NR
faxed to Medco. PS

S: Here for complete phys.

He's a 62 yo white male with PMH + for lacerated scrotum at 8 years of age due to an accident, sinus surgery in 2000, CAD s/p stent in 2001, colonoscopy with no abnormalities noted in 2007. He has been seeing a podiatrist this year for pain in his metatarsals & ingrown toenail. Seems to be getting better with orthotics.

FH: mother died at aged 55 of CA. Doesn't know what organ. On her side of the family there is history of heart attacks. Father died at aged 38 of CA. Doesn't know what type. On his side of the family no history of health problems that he's aware of. He has 5 brothers. One died of a heart attack, 2 died of CA, 1 died of occupational lung disease.

He has 5 sisters. One with a heart attack 1 died as a newborn & one had a stroke. He has 1 child who is alive & well. He has thyroid problems & chol. problems.

CONT:

Triotian, Ken
(8-13-50)

9-18-12 cont:

Social history: has been married for 39 yrs.

Education: Assoc. Degree in electronic eng. from Greenville Tech. He has worked at Sew Eurodrive for 30 years.

Hobbies: computer games & landscaping.

Habit history: neg. except for occasional beer.

Meds: Pt. has been taking Lipitor 20 mg qd, ASA 81 mg qd, Nexium 40 mg every other day, Super-B Complex vitamins & fish oil 1200 mg qd.

Allergies: none known.

ROS: + for pain in L side of his neck & shoulders down to his L elbow. He has been seeing a chiropractor for this. Seems to be getting some better. PND with clearing his throat alot, esp. in the a.m. when he first wakes up. Some hesitancy of urination, decreased stream volume & pressure. Snores loudly & his wife has to leave the bedroom. Has noticed some decreased stamina but he has not been exercising because of the foot problem.

O: Generally WDN white male INAD. Skin: GTT. He does have numerous SK's. He has a tatt on his L forearm, dorsal surface. HEENT: normal except for L lid-lag which has been present for some time. Neck: supple. Chest: clear. CV exam: RRR. S-1, S-2: normal, no murmurs. Pulses: 2+ & equal. BP: 100/60. Abd: soft, w/o masses. Genitalia: uncircumcised male. Testicles descended. Rectal exam is normal. Prostate is normal. Extre: GS & ROM. Does have tenderness over the L anterior corcoid. Neuro: intact.

- A: (1) CAD, s/p stent. Pt. to continue with physical measures & increase Lipitor to 40 mg qd & continue to take a Baby ASA once qd.
(2) Dyslipidemia. Phy. measures + increasing the Lipitor to 40 mg qd.
(3) BPH. Avoid caffeine & carbonated beverages, cold & allergy meds which could cause urinary retention.
(4) PND. Mucinex. Avoid convection air across his head & face.
(5) ED.
(6) Snoring. Pt. will take an overnight oximetry unit.
(7) L lid-lag. This is not new.
(8) Bursitis L shoulder. Rest, moist heat, Celebrex 1 tab b.i.d. & exercise.

P: Return to see us prn or 2 months for RC on lipids.

RWK:dwc



9-19-12 Copies of all labs faxed to Dr Siachos (cardiologist) @
233-5971 RS



Christian, Ken
(8-13-50)

SEP 26 2013

AGE _____
EP _____

Comp PE

labs! glc, A/C mm

S: Here for complete phys. He's a 63 yo white male here with a PMH unchanged.
FH: unchanged except one of his living brothers have had coronary artery by-pass.

Social history: unchanged.

Habit history: unchanged.

Hobbies: unchanged.

Pt. has allergy to Advair & Singulair.

Meds: Lipitor 20 mg qd, ASA 81 mg qd, Nexium 40 mg every other day. Super B-complex, fish oil.

ROS: + for loss of high frequency hearing. Indigestion, heartburn waking him up in middle of the night.
Responds to Tums. Some dribbling of urination, some pimples on his scalp that are painful when they get scabbed over.

O: Generally WDOWN white male INAD. Skin: GTT. Does have multiple nevi. Seb. keratoses. HEENT: normal. No signs of folliculitis of the scalp today. Neck: supple.
Chest: clear. CV exam: RRR. S-1, S-2: normal, no murmur
Pulses: 2+ & equal. BP: 100/60. Abd: soft, w/o masses.
Genitalia: normal. Testicles descended. Uncircumcised male. Rectal exam: prostate slightly enlarged, but no abnormality. Extre: GS & ROM. Neuro: intact.

A: CAD, s/p stint.
GERD.
Dyslipidemia.
BPH.
ED.

P: Pt. is going to use the Nexium qd & Dexilant in the evening for the next 2 weeks. If sx. continue, then further work-up will be necessary.

RWK:dwc

10/30/13 Faxed last OV notes and labs to Dr. Siachos @ Upstate Cardiology - 233-5971. CK

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 11/05/2013

CHIEF COMPLAINT: Kenneth Christian is a 63 year old patient seen today for a follow-up.

Doing well without angina, CHF, palpitations, edema, orthopnea, or PND. Tolerating meds well. Tolerating statin well, recent lipids and liver look great. BP and HR control excellent. HR in 50's during rest, without any beta blockers on board. He complains of slowly worsening fatigue over the past few months, with daytime fatigue and occasional somnolence. He denies resting or exertional chest discomfort or abnormal dyspnea but notes persistent fatigue symptoms. Recent labs totally normal (see scanned sheet). He admits to nightly snoring (wife complains about it) but has never had a sleep study.

HISTORY:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA

410.11-ANTERIOR MYOCARDIAL INFARCTION s/p lytics and Nir stent in 2001 Dr. Ross

414.00-ASCAD - (UNSPECIFIED)

V45.82-STATUS POST PTCA /STENT

SOCIAL HISTORY: no current tobacco or ETOH use

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Denies history of fever, unexplained weight loss or new fatigue.

RESPIRATORY: No cough, hemoptysis or wheezing.

CARDIAC: No history of shortness of breath, palpitations, orthopnea, pre-syncope or syncope.

GI: No history of pain, melena, hematochezia or ulcers.

CURRENT ALLERGY LIST:

NKDA

MEDICATION INFORMATION SOURCE: Medication information source comes from the patient's medication list, Nurse's initials:.ml

CURRENT MEDICATION LIST:

ASPIRIN 81 MG, 1 Every Day

MULT VIT, 1 Every Day



1331

Page 1 of 3

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Cardiology 603

18642344719

11/07/2013 10:52

RECEIVED FROM:

#1535-002

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 11/05/2013

NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.4 MG, PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES FOR UP TO 3 DOSES AS NEEDED FOR CHEST PAIN. CALL 911 IF PAIN PERSISTS.

LIPITOR ORAL TABLET 40 MG, 1 Every Day

COMPLEX B-100 ORAL TABLET CONTROLLED RELEASE, 1 Every Day

NEXTUM ORAL CAPSULE DELAYED RELEASE 40 MG, 1 Every Other Day

FISH OIL ORAL CAPSULE CONVENTIONAL 1200 MG, 1 qd

PHYSICAL EXAM:

VITAL SIGNS:

VS-PULSE: 60 Right Radial, Regular

VS-BLOOD PRESSURE: 110/60 Left Arm Sitting

VS-HEIGHT: 5ft9.5in

VS-WEIGHT: 161lbs3oz

BMI: 23.46

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished individual in no acute distress.

NECK: Supple. No JVD. No Carotid Bruits.

CARDIAC: Heart rate and rhythm are regular. Normal S1, S2, no murmur.

CHEST: Equal bilateral expansion. The lungs are clear to anterior and posterior auscultation.

ABDOMEN: Soft, non-tender, without pulsatile masses, no organomegaly or bruit noted. Bowel sounds are active.

EXTREMITIES No edema, no varicosities.

EKG ORDERED AND REVIEWED WITH PATIENT: Normal sinus rhythm. 54bpm, sinus arrhythmia, vertical axis, NSSTW changes, normal intervals.

ASSESSMENT/PLAN:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA

STATUS: Stable.

MEDICATIONS: Continue medications as prescribed.

1331

Page 2 of 3

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18642344719

11/07/2013 10:53

RECEIVED FROM:

604
#1535-003

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN
Date of Birth: 08/13/1950

Date of Service: 11/05/2013

410.11-ANTERIOR MYOCARDIAL INFARCTION
STATUS: Resolved. Stable.
MEDICATIONS: Continue medications as prescribed.
414.00-ASCAD - (UNSPECIFIED)
STATUS: Stable.
MEDICATIONS: Continue medications as prescribed.
V45.82-STATUS POST PTCA /STENT
STATUS: Stable.
MEDICATIONS: Continue medications as prescribed.
780.79-MALAISE/FATIGUE/WEAKNESS/TIREDNESS
STATUS: Worsening.
MEDICATIONS: Continue medications as prescribed.
PROCEDURES: Exercise nuclear stress test for anterior perfusion, chronotropic competence, and sleep study for possible sleep apnea.

RETURN VISIT: Patient is to return after the procedure has been completed.
Thank you for allowing us to participate in the care of your patient. We plan to keep you informed regarding further cardiac evaluation. Please don't hesitate to contact us if you have any questions or suggestions.
FAX TO REFERRING DOCTOR: THOMAS KENDALL MD Phone: 234-7000

Electronically Signed by: A. Thomas Siachos, M.D. on Tuesday, November 05, 2013 4:37 pm

1331

Page 3 of 3

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8642344719

11/07/2013 10:53

RECEIVED FROM:

605
#1535-004

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 11/25/2013

MYOCARDIAL PERFUSION SCAN 1

REFERRING PHYSICIAN: THOMAS KENDALL MD

ORDERING PHYSICIAN: A. Thomas Siachos, M.D.

PATIENT AGE: 63 YRS

GENDER: M

TEST INDICATIONS: The patient is here for delineation of extent and severity of coronary artery disease.

TEST INDICATIONS: CAD Risk Factor(s): age, dyslipidemia/hyperlipidemia, positive family history, fatigue & malaise 780.79, abnormal EKG 794.31, coronary artery disease 414.00, Old MI 412, Post status PCI V45.82.

INFORMED CONSENT: The nature of the procedure and its benefits were discussed with the patient. Risks include, but are not limited to: reaction to radiopharmaceutical agent, inability to complete the study, arrhythmias, MI and death. The patient had no further questions and agreed to proceed.

SPECT IMAGING DOSAGE: The patient was injected with 10.7 mCi of Cardiolite intravenously at rest. The patient was injected with 30 mCi of Cardiolite one minute prior to peak exercise.

INJECTION SITE RH.

Stress Test Vitals:

HR-Resting = 54 / minute

B/P-Resting = 138/74. Left Arm Sitting

HR - Peak - 151 / minute

B/P - Peak = 190/80 Left Arm Sitting

Target HR = 133

The patient exercised for 11.20 minutes.

This is equivalent to 12.9 METS.

% Age Predicted -96

TEST PROTOCOL: The patient exercised into Stage IV of the Standard Bruce.

TEST TOLERANCE: The patient experienced no chest pain. The test was stopped due to fatigue, shortness of breath. Frequent PAC's seen, bigeminal at times in recovery.

Resting EKG Interpretation: There is a sinus bradycardia. There are nonspecific ST segment abnormalities.

Post Exercise EKG Interpretation: There was an associated 2-3 mm horizontal ST segment depression noted in the lateral leads, an associated 2-3 mm horizontal ST segment depression noted in the inferior leads. No T wave

1331



Page 1 of 2

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 11/25/2013

changes. There were PVCs noted. No conduction delays.

NUCLEAR SCAN: Normal perfusion on rest and stress scans.

GATED LEFT VENT FXN Gated left ventricular wall motion was normal.

CALCULATED EJECTION FRACTION: Ejection fraction is normal at 68%.

IMPRESSION:

1. Electrocardiographically positive exercise treadmill stress test.

2. Normal SPECT Perfusion imaging.

3. Normal left ventricular systolic function.

RECOMMENDATIONS: Return to cardiologist for follow-up.

Electronically Signed by: Steven D. Johnson, MD on Monday, November 25, 2013 1:06 pm

1331

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18642344719

11/26/2013 11:30

RECEIVED FROM:

#2361 003

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 12/16/2013

CHIEF COMPLAINT: Kenneth Christian is a 63 year old patient seen today for a follow-up. Nuclear imaging was normal, with normal EF and wall motion. He had a HTNive response to high level stress with abnormal exercise ECG but without angina or arrhythmias. Overall his nuclear stress test showed no frank ischemia. He feels well and is without complaint today. His BP and HR are well controlled without any therapy. Dr Kemmerlin is following his lipids.

HISTORY:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA

410.11-ANTERIOR MYOCARDIAL INFARCTION s/p lytics and Nir stent in 2001 Dr. Ross

414.00-ASCAD - (UNSPECIFIED)

V45.82-STATUS POST PTCA /STENT

SOCIAL HISTORY: no current tobacco or ETOH use

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Denies history of fever, unexplained weight loss or new fatigue.

RESPIRATORY: No cough, hemoptysis or wheezing.

CARDIAC: No history of shortness of breath, palpitations, orthopnea, pre-syncope or syncope.

GI: No history of pain, melena, hematochezia or ulcers.

CURRENT ALLERGY LIST:

NKDA

MEDICATION INFORMATION SOURCE: Medication information source comes from the patient's memory, Nurse's initials. Patient declined refills for cardiac medications today.--tnix

CURRENT MEDICATION LIST:

ASPIRIN 81 MG, 1 Every Day

MULT VIT, 1 Every Day

NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.4 MG, PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES FOR UP TO 3 DOSES AS NEEDED FOR CHEST PAIN. CALL 911 IF PAIN PERSISTS.

LIPITOR ORAL TABLET 40 MG, 1 Every Day

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Page 1 of 3

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Cardiology 608

18642344719

12/17/2013 14:53

RECEIVED FROM:

#3239-002

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 12/16/2013

COMPLEX B-100 ORAL TABLET CONTROLLED RELEASE, 1 Every Day
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG, 1 Every Other Day
FISH OIL ORAL CAPSULE CONVENTIONAL 1200 MG, 1 qd

PHYSICAL EXAM:

VITAL SIGNS:

VS-PULSE: 58 Right Radial, Regular
VS-BLOOD PRESSURE: 106/60 Left Arm Sitting
VS-HEIGHT: 5ft9.5in
VS-WEIGHT: 161lbs
BMI: 23.43

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished individual in no acute distress.
NECK: Supple. No JVD. No Carotid Bruits.
CARDIAC: Heart rate and rhythm are regular. Normal S1, S2, no murmur.
CHEST: Equal bilateral expansion. The lungs are clear to anterior and posterior auscultation.
ABDOMEN: Soft, non-tender, without pulsatile masses, no organomegaly or bruit noted. Bowel sounds are active.
EXTREMITIES No edema, no varicosities.

ASSESSMENT/PLAN:

272.4-DYSLIPIDEMIA/HYPERLIPIDEMIA
STATUS: Stable. Unchanged. Target LDL at least <100 given prior stenting
MEDICATIONS: Continue medications as prescribed.
410.11-ANTERIOR MYOCARDIAL INFARCTION
STATUS: Resolved. Stable.
MEDICATIONS: Continue medications as prescribed.
414.00-ASCAD - (UNSPECIFIED)
STATUS: Stable.
MEDICATIONS: Continue medications as prescribed.
786.50-CHEST PAIN, UNSPECIFIED
STATUS: Resolved. Stable.
MEDICATIONS: Continue medications as prescribed.

1331

Page 2 of 3

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Cardiology

18642344719

12/17/2013 14:54

RECEIVED FROM:

609
73239-003

UPSTATE CARDIOLOGY, PA
UPSTATE CARDIOLOGY, PA
2 INNOVATION DR.
SUITE 400
GREENVILLE, SC 29607
864-235-7665

PatientID: 52124KC

Patient Name: KENNETH D CHRISTIAN

Date of Birth: 08/13/1950

Date of Service: 12/16/2013

V45.82-STATUS POST PTCA /STENT

STATUS: Stable.

MEDICATIONS: Continue medications as prescribed.

RETURN VISIT: Patient instructed to return in 9 months.

Thank you for allowing us to participate in the care of your patient. We plan to keep you informed regarding further cardiac evaluation. Please don't hesitate to contact us if you have any questions or suggestions.

FAX TO REFERRING DOCTOR: Richard K. Kemmerlin MD

1817 Woodruff Road

Greenville, SC 29607

Electronically Signed by: A. Thomas Siachos, M.D. on Monday, December 16, 2013 4:48 pm

1331

Page 3 of 3

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18642344719

12/17/2013 14:54

RECEIVED FROM:

#3239-004

Mr. Ken
8/13/50

DEC 23 2013

DOB 8/13/50 Age 63 Lipitor 40mg
P 58 BP 100/54 ASA 8 mg
WT 158 HT 5'8" Hc 170 Nexium 30mg
MP ALG MEDS Sugar Complex
Insulin

removal of
✓ Hemo a
Refill Lipitor
Has questions
wants labs.

Labs: CBC, A1C, Glucose En

100
54 Dickel

ipitor 40mg #90: POOD: Ref
faxed to Medco/ES @
1800-837-0959 PC

S: Here for removal of lesion on his back.
He has a lesion that itches him & he scratches
it & he wants to prevent problems with
bleeding unexpectedly. Also has a question
about possible hernia & he states that
he wants to get his sugar checked because it
was elevated on some outside labwork.
Also having frequency of urination but no
nocturia.

O: Labs show that his HG A1C was 6.1%.
BS: 108. B-12 was 458 & HG 13.5 with HCT of
38.3.
CBC was repeated & it was normal except for
the MCV being elevated at 101.6. BS was
110 nonfasting & HG A1C was 6%. Chest,
CV exam normal. BP: 100/54. Abd: soft, no
masses. Pt. does have weakness in the R
inguinal canal. Pt. has a 2cm SK on the
R lower back that is itching. He has several
other SK's present. We anesthetized this with
1% xylocaine, removed it with an elliptical
excision & closed with 4/0 prolene. Pt.
tolerated procedure well.
He'll return in 10-14 days for removal of
sutures.

A: CAD, GERD, B-12 def., SK R lower back
removed, R inguinal weakness, abnormal
FBS.

P: Phys. measures to control these things are
outlined. Pt. to return in 10-14 days for
removal of sutures & 3 mos. for RC on the
abnormal FBS.

RWK:dwc

JAN 06 2014
DOB 8/13/50
P 58 BP 100/54
WT 158 HT 5'8" Hc 170
LMP ALG MEDS Sugar Complex
Insulin

S- Here for Suture Removal
O- Wound Healed -
Sutures Removed

A- SK - Healed
P- RTT. 2-3 mos for recheck on FBS

RICHARD W. KEMMERLIN, M.D.

1817 WOODRUFF ROAD
GREENVILLE SC 29607

(864) 234-7000

DEA #

LIC. #

NAME

Ken Christian

DOB

ADDRESS

DATE

12/23/13

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE
ERASE-RESISTANT BACKGROUND, "ILLEGAL," PANTOGRAPH,
AND REFILL INDICATOR

R

Lipitor 40mg po qd

450

S

Label

Refill NR 1 2 3 4 5

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

3LFP1133444

*Paula faxed to
Medco/ES @
1-800-837-0959
on 12/23/13
-KD
9/19/14*

Christian, Ken

8/13/50

JUN 10 2014

Date 8/13/50 Age 63 Lipitor 40mg
P 126 BP 126/60 ASA 81mg
WT 151 HT 5'8" HC 38" Nexium 40mg qd
LMP ALG Advair MEDS Super B complex
Fish oil

Breaking out lower chest.

Labs: A1C
RPF

S: Here for RC on glucose intolerance & also is having some itching on the glans penis. Slight red rash.

O: PE reveals erythema of foreskin & glans penis. No white discharge present. HG A1C is 6.1%. Pt. has numerous SK's.

A: (1) Monilial balanitis.
(2) Abnormal FBS controlled well.
(3) Seb. keratoses.
(4) CAD.

P: Continue with exercise. Pt. will use Clotrimazole Cream t.i.d. for 10-12 days. Return to see us prn.

RWK:dwc

6/20/14 Faxed Rx refill request for Atorvastatin 40mg po qd #90 ~~RAF~~ to 1800-837-0959, Express Scripts.
RS, RN

SEP 19 2014

Date 9/19/14 Age 63
P 126 BP 126/60
WT 153 HT 5'8" HC 38"
LMP ALG MEDS: same as above
& "antibacterial" US

CompPE.

Labs: UG, UA, Lipids, A1C, PSA, CMP, B12, R

S: Here for complete phys. States he has been doing well. No complaints. PMH: + for lacerated scrotum at 8 yrs. of age due to accident, sinus surgery in 2000, coronary disease s/p stent in 2001, colonoscopy with no abnormalities noted in 2007.

FH: mother died at aged 55 of CA. He doesn't know what organ. On her side of the family there was history of heart attacks. Father died at aged 38 of CA. He doesn't know what organ. On his side of the family there was no history of health problems that he's aware of. He has 5 brothers. One died of heart attack, 2 died of CA, one died of Occupational lung disease. One has had coronary artery bypass. Has 5 sisters. One with heart attack. One died as a newborn. One had a stroke. One with a sign. illness but he doesn't know exactly what the problem was. CONT:

ristian, Ken
(8/13/50)

9-19-14 cont:

Pt. has 1 child with bipolar disease. No grandchildren.
Social history: been married for 41 years.
Education: Assoc. degree in Electronic Eng. at Greenville Tech.
He has worked at Sew Eurodrive for 32 years.

Hobbies: computer games & landscaping.

Habits: neg.

Meds: pt. is taking Lipitor 40 mg qd, ASA 81 mg qd, Nexium 40 mg qd, super-B complex & fish oil.

No known allergies.

ROS: + for constipation, using Benefiber successfully. He has had cough & congestion, for which he took antibiotic one month ago. Still having some problems with congestion. Nocturia 2 times every night, some hesitancy & dribbling of urination, but he does drink coffee late at night. His scalp itches some.

O: Generally WDNW white male INAD. Skin: GTT. Does have some SK's & he has a tattoo on L forearm. HEENT: reveals cataracts. Neck: supple. Chset: clear.
CV exam: RRR. S-1, S-2: normal, no murmurs. Pulses: 2+ & equal. BP: 100/60.
Abd: soft, w/o masses. Genitalia: normal, uncircumcised male. Testicles descended.
Rectal exam reveals prostate to be slightly enlarged, but no asymmetry or nodules. Extre: GS & ROM. Neuro: intact.

A: (1) CAD, s/p stent placement.
(2) GERD.
(3) B-12 def.
(4) SK's.
(5) Abnormal FBS.
(6) Constipation.
(7) Resolving cough.

P: Phys. measures to control these things outlined.

Pt. to stop drinking coffee late at night. Pt. will use Mucinex D & if the cough does not resolve, he'll call me.

RWK:dwc



1/3/14 most recent labs copied & mailed to pt. @ 107 Woodland Circle - KCO



1/22/14 Copied OV & lab results from complete physical exam on 9-19-14 per patient. Faxed records to Dr. Siact @ Upstate Cardiology # 882-2090

RAF



Christian, Ken
(8/13/50)

NOV 21 2014

DOB _____ Age _____
P 96 BP 112/68

WT _____ HT _____ HC _____

LMP _____ ALG _____ MEDS _____

CC: Remarks

S: Pt. is here for evaluation of several skin lesions he would like to have removed. One is on his forehead & it is hyperkeratotic. There is one on the dorsum of his R hand that's approx. 1.5cm's in diameter, flat, hyperpigmented. There is another lesion on his back that is 3 x 2cm's & slightly raised & hyperpigmented. Lesion on his forehead is frozen, the lesion on the dorsum of his R hand is electradessicated with curettage x 3. Lesion on his back we did an excision & it will be sent to path.

A: AK on forehead, SK dorsum of R hand, hyperpigmented lesion on his back.

P: Reassure.
Return to see us in 10-12 days for SR.

RWK:dwc

NOV 24 2014

S: Has come back in because he's concerned that some of the sutures had come apart.

O: On exam the area that he's concerned about is where I put a mattress suture in & the skin has just kind of separated slightly but the suture is still in good position.

A: Surgical site, healing nicely.

P: Return to see us as scheduled.

RWK:dwc

DEC 01 2014

Sutures removed

S: Here for SR from back where we removed a SK. Wound is healing nicely.

O: Sutures are removed. Also did electradessication & curettage on the lesion of dorsum of his r hand. It's healing w/o any infection & the lesion on his forehead is healing nicely.

A: SK of the back excised, healing nicely.

P: Reassure.
Return to see us prn.

RWK:dwc

Christian, Ken
(8/13/50)

DEC 02 2014

Date _____ Age _____
P 80 BP 125/80

WT _____ HT _____ HC _____

MP _____ ALG ~~same~~ DS same

C: recheck on shoulder

S: Here for a RC on wound. We took sutures out yesterday. During the night states it opened up.

O: PE reveals wound to be separated. Tried to strip it back together. Try to leave these on for 21 days.

A: Wound dehiscence.

P: Reassure.
Return to see us prn.

RWK:dwc



MAY 22 2015

Date _____ Age _____
P 97.7 BP 118/70

WT 160 HT _____ HC _____

MP _____ ALG Sore MEDS Same

C: removal

S: Here for removal of lesions from back. They are getting bigger & they are itching. He would like to have them removed by excision. Pt. also has had some cough & congestion. No fever, chills, or sweats. Cough is not keeping him awake at night. No sign. nasal congestion. No sneezing or itchy eyes or watery eyes.

O: PE reveals HEENT to be normal. Neck: supple. Chest: clear. CV exam is normal. Does have 2 large SK's approx. 2cm's in diameter over his back. These were anesthetized with 1% Xylocaine with Epi., removed by complete excision & closed with 4/0 prolene. Pt. tolerated procedure well.

A: (1) Removal of SK x 2 from his back by excision.
(2) URI.

P: Pt. to keep wounds dry for 48-72 hrs. & then he should not submerge himself in water. He can put Neosporin on the lesions b.i.d. for 10 days. Return to see me in 10-14 days. Pt. also will follow phys. measures for the URI. Return to see us in 10-14 days. Given work excuse to do no heavy lifting, pushing or pulling for the next 10-14 days.

TWK:dwc



Christian, Ken
(8/13/50)

JUN 03 2015

Date _____ Age _____
F _____ P _____ BP _____
WT _____ HT _____ HC _____
LMP _____ ALG _____ MEDS _____
CC: SR

S: Here for removal of sutures. States he's doing well. No complaints.

O: Wounds are healed nicely. Sutures removed w/o difficulty.

A: Seb. keratoses x 2 on her back, healed. Sutures removed.

P: Return to see us prn.

RWK:dwc

AUG 25 2015

Date _____ Age 65
F 97.7 P 64 BP 110/72
WT 162 HT 69" HC _____
LMP _____ ALG _____ MEDS _____

CC: Comp PE

Loss hemorult
chest x ray
TBS

Flonase
ASA 81 mg
Nexium 40 mg every other day
Super B complex
Fish oil
Vit D

✓

S: Here for yearly phys.

PMH: positive for lacerated scrotum at 8 years of age due to accident, sinus surgery i 2000, coronary disease s/p stint in 2001, colonoscopy with no abnormalities in 2007. Pt. has had several skin lesions removed that were benign.

FH: mother died at aged 55 of CA. He does not know what organ. On her side of the family there is history of heart attacks. Father die at aged 38 of CA, he doesn't know what organ. On his side of the family there is no history of health problems that he's aware of. He has 5 brothers. One died of a heart attack, 2 died of CA, one died of an occupational lung disease & one has coronary artery by-pass surgery. Has 5 sisters. One with a heart attack, one died as a newborn, one had a stroke & one with sign. illness, but he doesn't know exactly what that illness is. Pt. has one child who has bipolar disease. No grandchildren.

Social history: been married for 42 years.

Education: associates degree in Electronic Eng. from Greenville Tech. He has worked at Sew Eurodrive for 33 years.

Hobbies: computer games, landscaping & wood working.

Habits: negative.

Meds: pt. takes Flonase, Lipitor, ASA, Nexium every other day. Super B Complex vitamin & Vit. D & fish oil. He has no known allergies.

ROS: + for decreased hearing. 5th fingers of his hands have been slightly tender. Has been using some Tiger balm on it & that has helped. His indigestion is controlled with Nexium every other day. Constipation, taking Benebiber on a regular basis with some good results. Frequency at night, 1-2 times. Urgency during the day & ED.

O: Generally WDWN white male INAD. Skin: GTT. He has some SK's & surgical scars where SK's were removed. HEENT: reveals the L lid to be lagging slightly & the L eye seems to be cont;

Christian, Ken
(8-13-50)

8-25-15 cont:

slightly lower than the R eye. Neck: supple. Chest: clear. CV exam RRR. S-1, S-2: normal, no murmurs. Pulses: 2+ & equal. BP: 110/64. Abd: soft, w/o masses. Genitalia: normal uncircumcised male. Testicles descended. No hernia. Rectal exam reveals prostate to be slightly enlarged, but no asymmetry. Extre: GS & ROM. Neuro: intact.

Peak flow is 570 with predicted of 520. His CXR reveals some increased bronchial markings.

- A: (1) Chronic cough, possibly due to allergies.
(2) Loss of hearing. He has high frequency hearing loss.
(3) GERD, controlled.
(4) Constipation controlled.
(5) BPH.
(6) ED.
(7) CAD, s/p stint.

P: Pt. will try Flomax. He'll take Z-pack. He'll take Flonase 2 sprays in each nostril & either Claritin, Zyrtec, or Allegra 1 tab qd.

Return to see me in 2-4 weeks if his CXR is abnormal or his cough is not resolved.

RWK:dwc

*Does have abnormal FBS with a HG A1C of 6.2%. He needs to keep his weight where it's at & certainly avoid sweets.

8/31/15 faxed 8/25/15 OV notes with all labs for PE, x-ray + audiogram to Dr. Siachos @ Upstate Cardiology @ 282-2090-KD

9/3/15 D/L Flomax due to side effects Call 2 CVS 859-7168 TB also notified pt.
Cardura 24 pills # 90 MR

9/4/15 Z-Pack 250 #1 CVS Ingham Shopping 859-7168
TAD
09/04/15 called in to DR'S LINE KKKP RN

9/4/15 Faxed order to Deborah Martin Sexton-FNP-BC for LUNG CT SCAN WITHOUT contrast. 864.661-1977
(CHRONIC for (m/h))
per Dr. T.W. Kendall Sr / KKKP RN

(5117150)

9/9/15 Prednisone 20g 3 tabs qd to breakfast #30 NR
Appt 7-10d. check BB.

CMS 859-7168 442

SEP 17 2015

Age 68 BP 106/60

HT HC

MB ALGS and MEDS Saw sec 8/25/15
+ 200 prednisone 20 mg

Follow up on
CT scan / prednisone / cough
needs Dotz sheet - volume from
lung capacity test

600 (570)
520

Labsi Glucose

CT scan to be scheduled
by Deborah Martin-Sexton.
Order faxed to her @ 1864-661-971
w/ Dr. Alon. CT @ JMW
(CT scan)
Medmont Imaging
Spartanburg
Pine St

S: Here for a FU on abnormal CT scan.
CT scan revealed that he had chronic
bilateral interstitial lung changes with
"ground glass" opacities within the
inferior & posterior aspects of the lung,
raising question of acute aveolitis or
pneumonitis & possibility of an acute
phase of interstitial pneumonitis. Also
has chronic biapical pleural parenchymal
changes. States he has been doing well on
the Prednisone. Certainly can tell his
cough is diminished & he's feeling
better & breathing better. In fact,
states that he didn't get as short of
breath w/exercise.

O: WT: stable. Pt's chest is clear. CV
exam is normal. Peak flow is 600 which
is improved from 570.

A: Abnormal CT scan, possible early
interstitial pneumonitis.

P: Pt. is going to have a CT scan repeated
in middle of October. I want him to go
ahead & continue to take the Prednisone
at 40 mg qd for 10 days, then 20 mg qd x
10 days, then 10 mg qd for 10 days.
Return to see me in a month.

RWK:dwc

10/13/15 65 yo w/ chronic cough that improved after course of
Antibiotics & prednisone, but not completely. CT has been
done & flu CT showing no resolution of "ground glass"
opacities in lungs. Cough still present, but improved.
DOE improved on prednisone.

Referral, CMS, CT scan reports, INS
Pulmonary @ 223-2438
Referred to Palmetto

(8113150)

FEB 09 2016 45

Date Feb 09 Age 76 BP 110/58 (R)

WT 162 HT 68 HC 28

LMP ALG MEDS Fluoxetine

Over-the-counter
Cough
Sweetener
Mucoprotection
Simvastatin
Epistar 40mg
ASA 81mg
Nexium 40mg
MVI, vit D
B complex, etc
Fish oil 1200mg

S: Comes in with cough.

O: Reactive pharyngitis. TM's are normal. Neck: supple. Chest today is clear. Dry cough is noted.

A: Respiratory inf.

He has had history of abnormal CT of the chest, but I do not have results from his pulmonary work-up. I'm going to go ahead & give him Z-pack & sym. relief is afforded & recommended. Follow prn.

TWK:dwc

[Handwritten signature]

JUL 2 8 2016

Date Jul 28 Age 65
T 97.7 BP 90/60 DE 90/60 80/50
WT 160 HT 68.5 HC 28

LMP ALG MEDS Fluoxetine
C: Mint PE
ASA 81mg
Nexium 40mg
MVI, vit D
Super B complex
Fish oil
Blz 100mg
D3 2000mg
ASA 81mg
Nexium 40mg
MVI, vit D
Super B complex
Fish oil
Blz 100mg
D3 2000mg

S: Comes in for a complete phys. 65 yo wellness check. He's doing quite well.

He does take the reflux med. He's under the care of a pulmonologist. Has a lung biopsy proposed for August 25 for chronic CT changes & dyspnea.

He is overly concerned about his BP readings. I think they are fine as long as he's not sym.

Review of his meds, ROS.

WT: 160. HT: 68.5", that's down 1/2" over previous height recording. T: 97.7.

P: 68. BP: 90/60 both arms. Skin: unremarkable. Generally healthy appearing, male pattern baldness. HEENT: cerumen impaction on the L was irrigated. tolerated it well.

TM's look fine bilaterally. Neck: supple. Thyroid: normal. Chest: clear. No rales, wheezes or rhonchi heard today. Heart: RRRsM. Abd: soft, nontender. No masses.

Femoral pulses: strong. Genitalia: unremarkable, uncircumcised. Scrotal contents normal. Prostate: slightly enlarged, consistent with age with the R lobe being a little firmer than the L lobe, but w/o nodularity. Extre: unremarkable. Neuro: normal.

CONT:

101151501

10/14/15 Notified pt of Palmetto Pulmonology scheduled appt 10/30/15 9³⁰ AM &
pt has DISK (CT scans 9/9/15 & 10/13/15) of ^{LUNG} scans ready to take to appt
KKopp RN

7-28-16 cont:

Labs at this point are reviewed.

A: 65 yo white male with the following considerations. This is a wellness check with history of following GER, history of pulmonary abnormality, being investigated. CAD, cerumen impaction. History of borderline elevated BS's, & history of OSA & L lid-lag.

P: Pt. will await labs. Will discuss by phone. Schedule for the procedure. He had colonoscopy in Dec. Will review his DT status with his corporate manager. He has had the Zostovax. Follow accordingly.

TWK:dwc

8/9/16 moved CMP to Piedmont Imaging 542-6028
TB

SEP 19 2016

Age 66 BP 110/60
P 84 BP 110/60
HT 148 HC 34
MP ALG (MEOS)
B12
Nexium QD
Lipitor
ASA
Albuterol 1/1 BID
Prednisone 10 mg @ 4 PM
Colace 1/1 BID
feels "flushed," difficulty, dizzy,
leaves, anxiety, restless, light headed
appetite dry throat,

Lung Bi 8/26/16 @ GHS,
been on Amn for 3 wks. Stopped Sat

S: Has interstitial lung disease, Feels flushed.
O: VS: stable. He's having Prednisone reaction. Chest: clear, w/o wheezing.
A: Prednisone side effect.
P: Reassurance.
Ambien 10 mg h.s. prn.
As soon as he lowers dose of Prednisone he will be getting better.

TWK:dwc

RICHARD W. KEMMERLIN, M.D.

1817 WOODRUFF ROAD
GREENVILLE, SC 29607-5936

(864) 234-7000

DEA #

LIC. #

NAME

DOB

ADDRESS

DATE

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE
ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH,
AND REFILL INDICATOR

R

Please Schedule CT scan
of lungs
10/9/15 or later

to follow up on abnormal
CT scan done at
Intervention

☐ Label

Refill NR 1 2 3 4 5

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

000185

5FFP1133444

**ANDERSON RADIOLOGY**

Anderson Radiology
2110 North Highway 83 Anderson, SC 29621
p: (864) 225-6286 f: (864) 231-6738

PATIENT: CHRISTIAN, KEN
DOB: 08/13/1950
MRN: 1090746
PHONE: 864-999-9999 (Home)
PHYSICIAN: RICHARD KEMMERLIN, MD
EXAM DATE: 08/25/2015

EXAM: XR-Chest 2 views

REASON FOR EXAM:

HISTORY: Chronic cough.

COMPARISON: None

FINDINGS: Frontal and lateral views of the chest show hyperinflation of the lungs. There is no focal air-space disease or blunting of the costophrenic angles. Interstitial markings are increased throughout the lungs. There is symmetric pleural thickening in the lung apices. The cardiac silhouette is normal in size and contour. Mild bony degenerative changes are present.

IMPRESSION:

1. No evidence of focal consolidation or effusion.
2. Hyperinflation suggests COPD. There is diffuse fibrosis.

Jennifer Cranny, MD

JRC/rim

DD: 08/28/2015 03:35 P

DT: 08/28/2015 05:40 P

Accession#: 08-2145069 VS#: 120536076 CS#: 1559965

CC:

Electronically Signed and Reviewed by Jennifer Cranny, MD 08/31/2015 08:51 A



SOUTH CAROLINA DIAGNOSTIC IMAGING

Piedmont Imaging
684 N. Pine St Spartanburg, SC 29303
p: (864) 542-0033 f: (864) 542-0025

PATIENT: CHRISTIAN, KEN
DOB: 08/13/1950
MRN: 1090746
PHONE: 864-611-1170 (Home)
PHYSICIAN: DEBORAH S MARTIN SEXTON, NP
EXAM DATE: 09/09/2015

EXAM: CT-Chest without contrast (Lung Screening)

REASON FOR EXAM: chronic cough

ADDITIONAL INDICATION: Productive cough for 1.5 years. States had a chest x-ray taken at Dr.s office and saw something and wanted to get a better look.

TECHNIQUE: Helical imaging of the chest without contrast.

FINDINGS: Chronic bilateral peripheral interstitial lung changes. Sites of basilar ground glass opacities could reflect acute alveolitis. Coronary atherosclerosis. Normal evaluation of the heart and pericardia. Calcifications at the aortic valve level.

No enlarged mediastinal or hilar lymph nodes.

CONCLUSION: Chronic bilateral interstitial lung changes. Ground glass opacities within the inferior and posterior aspects of the lungs raise the question of acute alveolitis or pneumonitis and brings consideration acute phase of an interstitial pneumonitis. Chronic biapical pleuroparenchymal changes.

Jeffrey K Shramek, MD

JS/bl

DD: 09/09/2015 12:08 P

DT: 09/09/2015 12:58 P

Accession#: 08-2151825 VS#: 120549341 CS#: 1573271

cc:

Electronically Signed and Reviewed by Jeffrey K Shramek, MD 09/09/2015 02:09 P

CHRISTIAN, KENNETH DORSEY

Facility: Greenville

SA: GREENVILLE HEALTH SYSTEM

MRN: 970179298

PT#:

Report: 304456330001 - GHS Summary of Care

Basic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language	Preferred Written Language
8/13/1950	Male	White or Caucasian	Non-Hispanic or Non-Latino	English	English

Reviewed On: 9/21/2016 By: William David Bolton, MD

Allergies as of 10/28/2016

No Known Allergies

Current Medications Are

albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.
aspirin (ECOTRIN) 81 mg EC tablet	Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention.
atorvastatin (LIPITOR) 40 mg tablet	Take 40 mg by mouth daily Indications: Hypercholesterolemia.
cholecalciferol, vitamin D3, 1,000 unit tablet	Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency.
CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL)	Take 1,000 mcg by mouth daily.
DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL)	Take 1,200 mg by mouth daily.
docusate sodium (COLACE) 100 mg capsule	Take 1 capsule (100 mg) 2 (two) times a day.
esomeprazole (NexIUM) 40 MG capsule	Take 40 mg by mouth daily Indications: Heartburn.
NITROSTAT 0.4 mg SL tablet	0.4 mg every 5 (five) minutes as needed.
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting.
ONETOUCH DELICA LANCETS 33 gauge	
ONETOUCH ULTRA TEST	
oxyCODONE (ROXICODONE) 5 mg immediate release tablet	Take 5 mg by mouth as needed for moderate pain.
oxymetazoline (AFRIN) 0.05 % nasal spray	by Each Nare route 2 (two) times a day.
predniSONE (DELTASONE) 5 mg tablet	Take 1 tablet (5 mg) by mouth daily. 1 tab daily until finished and then STOP
VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL)	Take 1 tablet by mouth daily.

Current Immunizations

No immunizations on file.

Problem List as of 10/28/2016

Date Reviewed: 10/28/2016

Problem	Codes	Priority	Class	Noted -
Colon polyps	ICD-9-CM: 211.3 ICD-10-CM: K63.5			Resolved 12/17/2015 - Present
ILD (interstitial lung disease)	ICD-9-CM: 515 ICD-10-CM: J84.9			6/28/2016 - Present
SOB (shortness of breath)	ICD-9-CM: 786.05 ICD-10-CM: R06.02			6/28/2016 - Present
Preop examination	ICD-9-CM: V72.84 ICD-10-CM: Z01.818			8/23/2016 - Present
Interstitial lung disease	ICD-9-CM: 515 ICD-10-CM: J84.9			8/26/2016 - Present
Hypersensitivity pneumonitis	ICD-9-CM: 495.9 ICD-10-CM: J67.9			9/12/2016 - Present

11 Problem List as of 10/28/2016 (continued)

Date Reviewed: 10/28/2016

Diagnoses

Hypersensitivity pneumonitis - Primary

ICD-9-CM: 495.9

ICD-10-CM: J67.9

Lab and Imaging Results

None

Social History

Category

History

Smoking Tobacco Use

Never Smoker

Smokeless Tobacco Use

Never Used

Tobacco Comment

Patient Instructions

None

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
W Richard Kemmerlin, MD	PCP - General	Family Medicine		10/22/15	

CHRISTIAN, KENNETH DORSEY

Facility: Greenville

SA: GREENVILLE HEALTH SYSTEM

MRN: 970179298

PT#:

Report: 304456330001 - GHS Summary of Care

Basic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language	Preferred Written Language
8/13/1950	Male	White or Caucasian	Non-Hispanic or Non-Latino	English	English

Reviewed On: 9/21/2016 By: William David Bolton, MD

Allergies as of 10/31/2016

No Known Allergies

Current Medications Are

albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.
aspirin (ECOTRIN) 81 mg EC tablet	Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention.
atorvastatin (LIPITOR) 40 mg tablet	Take 40 mg by mouth daily Indications: Hypercholesterolemia.
cholecalciferol, vitamin D3, 1,000 unit tablet	Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency.
CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL)	Take 1,000 mcg by mouth daily.
DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL)	Take 1,200 mg by mouth daily.
docusate sodium (COLACE) 100 mg capsule	Take 1 capsule (100 mg) 2 (two) times a day.
esomeprazole (NexIUM) 40 MG capsule	Take 40 mg by mouth daily Indications: Heartburn.
NITROSTAT 0.4 mg SL tablet	0.4 mg every 5 (five) minutes as needed.
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting.
ONETOUCH DELICA LANCETS 33 gauge	
ONETOUCH ULTRA TEST	
oxyCODONE (ROXICODONE) 5 mg immediate release tablet	Take 5 mg by mouth as needed for moderate pain.
oxymetazoline (AFRIN) 0.05 % nasal spray	by Each Nare route 2 (two) times a day.
predniSONE (DELTASONE) 5 mg tablet	Take 1 tablet (5 mg) by mouth daily. 1 tab daily until finished and then STOP
VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL)	Take 1 tablet by mouth daily.

Current Immunizations

No immunizations on file.

Problem List as of 10/31/2016

Date Reviewed: 10/31/2016

Problem	Codes	Priority	Class	Noted -
Colon polyps	ICD-9-CM: 211.3 ICD-10-CM: K63.5			Resolved 12/17/2015 - Present
ILD (interstitial lung disease)	ICD-9-CM: 515 ICD-10-CM: J84.9			6/28/2016 - Present
SOB (shortness of breath)	ICD-9-CM: 786.05 ICD-10-CM: R06.02			6/28/2016 - Present
Preop examination	ICD-9-CM: V72.84 ICD-10-CM: Z01.818			8/23/2016 - Present
Interstitial lung disease	ICD-9-CM: 515 ICD-10-CM: J84.9			8/26/2016 - Present
Hypersensitivity pneumonitis	ICD-9-CM: 495.9 ICD-10-CM: J67.9			9/12/2016 - Present

1.5

Problem List as of 10/31/2016 (continued)

Date Reviewed: 10/31/2016

Diagnoses**Hypersensitivity pneumonitis** - Primary

ICD-9-CM: 495.9

ICD-10-CM: J67.9

Lab and Imaging Results

None

Social History

Category

History

Smoking Tobacco Use**Never Smoker****Smokeless Tobacco Use****Never Used****Tobacco Comment**

1.5

Patient Instructions

None

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
W Richard Kemmerlin, MD	PCP - General	Family Medicine		10/22/15	

CHRISTIAN, KENNETH DORSEY

Facility: Greenville

SA: GREENVILLE HEALTH SYSTEM

MRN: 970179298

PT#:

Report: 304456330001 - GHS Summary of Care

Basic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language	Preferred Written Language
8/13/1950	Male	White or Caucasian	Non-Hispanic or Non-Latino	English	English

Reviewed On: 11/1/2016 By: Justin Wayne Gregg, MD

Allergies as of 11/21/2016

No Known Allergies

Current Medications Are

albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.
aspirin (ECOTRIN) 81 mg EC tablet	Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention.
atorvastatin (LIPITOR) 40 mg tablet	Take 40 mg by mouth daily Indications: Hypercholesterolemia.
cholecalciferol, vitamin D3, 1,000 unit tablet	Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency.
CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL)	Take 1,000 mcg by mouth daily.
DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL)	Take 1,200 mg by mouth daily.
docusate sodium (COLACE) 100 mg capsule	Take 1 capsule (100 mg) 2 (two) times a day.
esomeprazole (Nexium) 40 MG capsule	Take 40 mg by mouth daily Indications: Heartburn.
loratadine (CLARITIN) 10 mg tablet	Take 1 tablet (10 mg) by mouth daily.
NITROSTAT 0.4 mg SL tablet	0.4 mg every 5 (five) minutes as needed.
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting.
ONETOUCH DELICA LANCETS 33 gauge	
ONETOUCH ULTRA TEST	
oxycodone (ROXICODONE) 5 mg immediate release tablet	Take 5 mg by mouth as needed for moderate pain.
oxymetazoline (AFRIN) 0.05 % nasal spray	by Each Nare route 2 (two) times a day.
prednisone (DELTASONE) 5 mg tablet	Take 1 tablet (5 mg) by mouth daily. 1 tab daily until finished and then STOP
sod bicarb-sod chlor-neti pot (NEILMED NASAFLO)	1 Package into each nostril daily.
VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL)	Take 1 tablet by mouth daily.

Current Immunizations

No immunizations on file.

Problem List as of 11/21/2016

Date Reviewed: 11/21/2016

Codes	Priority	Class	Noted -
Colon polyps	ICD-9-CM: 211.3		Resolved
	ICD-10-CM: K63.5		12/17/2015 - Present
ILD (interstitial lung disease)	ICD-9-CM: 515		6/28/2016 - Present
	ICD-10-CM: J84.9		6/28/2016 - Present
SOB (shortness of breath)	ICD-9-CM: 786.05		6/28/2016 - Present
	ICD-10-CM: R06.02		8/23/2016 - Present
Preop examination	ICD-9-CM: V72.84		8/23/2016 - Present
	ICD-10-CM: Z01.818		8/26/2016 -
Interstitial lung disease	ICD-9-CM: 515		

15 **Problem List as of 11/21/2016 (continued)**

Date Reviewed: 11/21/2016

	Codes	Priority	Class	Noted - Resolved
Hypersensitivity pneumonitis	ICD-10-CM: J84.9 ICD-9-CM: 495.9			Present 9/12/2016 -
Snoring	ICD-10-CM: J67.9 ICD-9-CM: 786.09			Present 11/1/2016 -
Seasonal allergic rhinitis due to pollen	ICD-10-CM: R06.83 ICD-9-CM: 477.0 ICD-10-CM: J30.1			Present 11/1/2016 - Present

Diagnoses

Hypersensitivity pneumonitis - Primary ICD-9-CM: 495.9
ICD-10-CM: J67.9

16 **Lab and Imaging Results**

None

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	

Patient Instructions

None

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
W Richard Kemmerlin, MD	PCP - General	Family Medicine		10/22/15	

CHRISTIAN, KENNETH DORSEY

Facility: Greenville

SA: GREENVILLE HEALTH SYSTEM

MRN: 970179298

PT#:

Report: 304456330001 - GHS Summary of Care

Basic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language	Preferred Written Language
8/13/1950	Male	White or Caucasian	Non-Hispanic or Non-Latino	English	English

Allergies as of 11/16/2016

No Known Allergies

Reviewed On: 11/1/2016 By: Justin Wayne Gregg, MD

Current Medications Are

albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.
aspirin (ECOTRIN) 81 mg EC tablet	Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention.
atorvastatin (LIPITOR) 40 mg tablet	Take 40 mg by mouth daily Indications: Hypercholesterolemia.
cholecalciferol, vitamin D3, 1,000 unit tablet	Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency.
CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL)	Take 1,000 mcg by mouth daily.
DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL)	Take 1,200 mg by mouth daily.
docusate sodium (COLACE) 100 mg capsule	Take 1 capsule (100 mg) 2 (two) times a day.
esomeprazole (Nexium) 40 MG capsule	Take 40 mg by mouth daily Indications: Heartburn.
loratadine (CLARITIN) 10 mg tablet	Take 1 tablet (10 mg) by mouth daily.
NITROSTAT 0.4 mg SL tablet	0.4 mg every 5 (five) minutes as needed.
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting.
ONETOUCH DELICA LANCETS 33 gauge	
ONETOUCH ULTRA TEST	
oxycodone (ROXICODONE) 5 mg immediate release tablet	Take 5 mg by mouth as needed for moderate pain.
oxymetazoline (AFRIN) 0.05 % nasal spray	by Each Nare route 2 (two) times a day.
prednisone (DELTASONE) 5 mg tablet	Take 1 tablet (5 mg) by mouth daily. 1 tab daily until finished and then STOP
sod bicarb-sod chlor-neti pot (NEILMED NASAFLO)	1 Package into each nostril daily.
VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL)	Take 1 tablet by mouth daily.

Current Immunizations

No immunizations on file.

Problem List as of 11/16/2016

Date Reviewed: 11/16/2016

Codes	Priority	Class	Noted -
Colon polyps	ICD-9-CM: 211.3		Resolved 12/17/2015 - Present
ILD (interstitial lung disease)	ICD-10-CM: K63.5		6/28/2016 - Present
SOB (shortness of breath)	ICD-9-CM: 515		6/28/2016 - Present
Preop examination	ICD-10-CM: J84.9		6/28/2016 - Present
Interstitial lung disease	ICD-9-CM: 786.05		8/23/2016 - Present
	ICD-10-CM: R06.02		8/26/2016 -
	ICD-9-CM: V72.84		
	ICD-10-CM: Z01.818		
	ICD-9-CM: 515		

18 Problem List as of 11/16/2016 (continued) Date Reviewed: 11/16/2016

	Codes	Priority	Class	Noted - Resolved
Hypersensitivity pneumonitis	ICD-10-CM: J84.9 ICD-9-CM: 495.9			Present 9/12/2016 -
Snoring	ICD-10-CM: J67.9 ICD-9-CM: 786.09			Present 11/1/2016 -
Seasonal allergic rhinitis due to pollen	ICD-10-CM: R06.83 ICD-9-CM: 477.0 ICD-10-CM: J30.1			Present 11/1/2016 - Present

Diagnoses

Hypersensitivity pneumonitis - Primary ICD-9-CM: 495.9
ICD-10-CM: J67.9

Lab and Imaging Results

None

Social History

Category History
Smoking Tobacco Use Never Smoker
Smokeless Tobacco Use Never Used
Tobacco Comment

Patient Instructions

None

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
W Richard Kemmerlin, MD	PCP - General	Family Medicine		10/22/15	

CHRISTIAN, KENNETH DORSEY

Facility: Greenville

SA: GREENVILLE HEALTH SYSTEM

MRN: 970179298

PT#:

Report: 304456330001 - GHS Summary of Care

Basic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language	Preferred Written Language
8/13/1950	Male	White or Caucasian	Non-Hispanic or Non-Latino	English	English

Reviewed On: 11/1/2016 By: Justin Wayne Gregg, MD

Allergies as of 11/2/2016

No Known Allergies

Current Medications Are

albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.
aspirin (ECOTRIN) 81 mg EC tablet	Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention.
atorvastatin (LIPITOR) 40 mg tablet	Take 40 mg by mouth daily Indications: Hypercholesterolemia.
cholecalciferol, vitamin D3, 1,000 unit tablet	Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency.
CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL)	Take 1,000 mcg by mouth daily.
DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL)	Take 1,200 mg by mouth daily.
docusate sodium (COLACE) 100 mg capsule	Take 1 capsule (100 mg) 2 (two) times a day.
esomeprazole (NextIUM) 40 MG capsule	Take 40 mg by mouth daily Indications: Heartburn.
loratadine (CLARITIN) 10 mg tablet	Take 1 tablet (10 mg) by mouth daily.
NITROSTAT 0.4 mg SL tablet	0.4 mg every 5 (five) minutes as needed.
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting.
ONETOUCH DELICA LANCETS 33 gauge	
ONETOUCH ULTRA TEST	
oxycodone (ROXICODONE) 5 mg immediate release tablet	Take 5 mg by mouth as needed for moderate pain.
oxymetazoline (AFRIN) 0.05 % nasal spray	by Each Nare route 2 (two) times a day.
prednisone (DELTASONE) 5 mg tablet	Take 1 tablet (5 mg) by mouth daily. 1 tab daily until finished and then STOP
sod bicarb-sod chlor-neti pot (NEILMED NASAFLO)	1 Package into each nostril daily.
VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL)	Take 1 tablet by mouth daily.

Current Immunizations

No immunizations on file.

Problem List as of 11/2/2016

Date Reviewed: 11/2/2016

Problem	Codes	Priority	Class	Noted - Resolved
Colon polyps	ICD-9-CM: 211.3 ICD-10-CM: K63.5			12/17/2015 - Present
ILD (interstitial lung disease)	ICD-9-CM: 515 ICD-10-CM: J84.9			6/28/2016 - Present
SOB (shortness of breath)	ICD-9-CM: 786.05 ICD-10-CM: R06.02			6/28/2016 - Present
Preop examination	ICD-9-CM: V72.84 ICD-10-CM: Z01.818			8/23/2016 - Present
Interstitial lung disease	ICD-9-CM: 515			8/26/2016 -

11

Problem List as of 11/2/2016 (continued)

Date Reviewed: 11/2/2016

	Codes	Priority	Class	Noted - Resolved
	ICD-10-CM: J84.9			Present
Hypersensitivity pneumonitis	ICD-9-CM: 495.9			9/12/2016 -
	ICD-10-CM: J67.9			Present
Snoring	ICD-9-CM: 786.09			11/1/2016 -
	ICD-10-CM: R06.83			Present
Seasonal allergic rhinitis due to pollen	ICD-9-CM: 477.0			11/1/2016 -
	ICD-10-CM: J30.1			Present

Diagnoses

Hypersensitivity pneumonitis - Primary ICD-9-CM: 495.9
ICD-10-CM: J67.9

Lab and Imaging Results

None

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	

Patient Instructions

None

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
W Richard Kemmerlin, MD	PCP - General	Family Medicine		10/22/15	

BAPTIST EASLEY

An Affiliate of
GREENVILLE
HEALTH SYSTEM

*Retain Original and Provide Patient with A Photocopy

MR# / SSN: 260-84-1468AUTHORIZATION FOR THE USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION

I Hereby Authorize Palmetto Health to Use or Disclose my Protected Health Information as Described Below. I understand that the information I authorize a person/facility to receive may be re-disclosed and no longer protected by state and federal regulations.

Patient Name: Kenneth Jorsey Christian
First Middle Last

Address: 107 Woodland Circle, SC 29640 Telephone Number: 864-569-9646

Social Security Number: 260-84-1468 Date of Birth: 08/13/50

Name of Person/facility Authorized to RECEIVE the information: Medical Center Easley 309 E. 1st Ave Easley, SC 29640

Name of Person/facility Authorized to RELEASE the Information: Dr. Kenna

Address: Telephone Number 864-234-7000

City, State, and Zip Code Greenville SC Fax Number: 864-234-4719

Purpose of Disclosure: New RP

Dates of Treatment: Last 2 yrs.

Information to be Used/Disclosed - Please check those that apply:

History and Physical ☒ Discharge Summary ☐ Operative Report ☐ Other (specify) _____
Progress Notes ☒ Laboratory Report ☒ Radiology Report ☒ Immunization Record ☒
Billing Summary ☒ Consultation Report ☒ Pathology Report ☒ Entire Medical Record ☒

I understand that in the event I was treated for drug or alcohol abuse, psychiatric condition, communicable diseases including HIV/AIDS this information will be included as part of my medical record to the above-named person/facility.

Palmetto Health may not condition treatment, payment, enrollment or eligibility for benefits on signing this authorization.

This authorization is subject to cancellation/revocation at any time, by the patient or legally qualified representative, provided that the cancellation is made in writing except to the extent that:

1. The facility has already acted on your request prior to receiving the request to cancel the authorization; or
2. If the authorization was given to release records to your insurance company in order to obtain insurance coverage.

This authorization will automatically expire in 90 days unless otherwise stated.

Expiration Date: _____

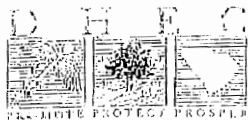
Kenneth D Christian
Signature of Patient or Legally Qualified Representative

11/22/16
Date

Self
Relationship of Legally Qualified Representative

Please Address Correspondence to the Appropriate Address:
Baptist Easley Hospital dba Medical Center Easley
309 E. 1st Ave
Easley, SC 29640
864-859-6331 / 864-859-3998 (Fax)

COR6 -- 4/01/03



SOUTH CAROLINA CERTIFICATE OF IMMUNIZATION

SC Law §44-29-180/SC Code of Regulations 61-8

Certificate must be completed according to form instructions by a licensed Practitioner of Medicine, Surgery, or Osteopathy, or by his/her authorized representative.

CERTIFICATION STATUS

***** (Check only ONE box – Not valid if more than one box checked) *****

☐ Certificate Expires:

Month / Day / Year
(Date next required immunization for day care/ school is due)

Child/Student may attend day care or school for no more than one month from this date.

Day Care Requirements
as of date of issue

☐ Meets Day Care Requirements
(Not valid for school entry)

Day Care & School Requirements
as of date of issue

☐ Meets Day Care Requirements AND Requirements for 5K-6th grade

School Requirements
as of date of issue

☐ Meets Requirements for 5K-6th grade
☐ Meets Requirements for 7th-12th grade
☐ Certification for 7th grade Tdap requirement only (Supplement to approved Certificate Only)

☐ Medical Exemption

(Must complete Section 3 below)

Child/Student may attend day care or school for no more than one month following the temporary expiration date in Medical Exemption section.

1

Name:

Christian Kenneth

Date of Birth:

08.13.50

MCI/

Chart #:

Vaccination Date

2

Hep-B

IPV • OPV

DTaP • DT

Td

Tdap

Hib

MMR

Zoster

PCV

Rotavirus

Hep-A

HPV

MCV4

02.29.15

07.14.11

09.21.15

Check this box ☐ for a reliable history of Varicella (chickenpox)†

3

MEDICAL EXEMPTION: This child is exempt from receiving each of the vaccines listed below for a MEDICAL REASON (must be approved by a licensed Physician (MD or DO) or his/her authorized representative (e.g. PA or APRN))

List VACCINE(S)

DATE TEMPORARY EXEMPTION EXPIRES

PERMANENT EXEMPTION (Check if applicable)

OR

☐

OR

☐

4

I certify that the immunization information listed in this certificate is consistent with the child's health records and meets SC DHEC immunization requirements² as of the date this certificate was issued.

Print Physician's Name

Richard Kemmerlin

Print Authorized Representative's Name (if applicable)

Paula C Bryan R.N.

Facility Telephone Number

864-234-7000

Signature of person completing certificate (Physician or Authorized Representative)

Paula C Bryan RN

Facility Name/Address

Kemmerlin F.P. 1877 Woodcroft Rd Greenville, SC 29607

Date Certificate Issued

11-30-16

† Reliable history of Varicella (chickenpox) is defined as: 1) Healthcare provider diagnosis or verification of Varicella (chickenpox) disease; 2) laboratory evidence of immunity or laboratory confirmation of disease.

2 Immunization Requirements for Child Day Care Attendance and School Attendance are published by DHEC annually (see

<http://www.scdhec.gov/health/disease/immunization/immunizations.htm>)

Intention, Key
(8/13/50)

11/30/16 2 yrs records copied + mailed to Medical Center-Easley 309 E. 1st Ave
Easley, SC 29640
-KD

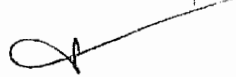
L

Christian, Ken
(8/13/50)

9/27/16 longman 0.5g
\$30 7 po BID ^{paralegal}

Called to Dr. Vatahine at
CVS on Easley #859-7168/E. Durick

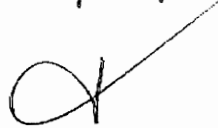
9/30/16 records for (no labs per paralegal)
subpoena for Ken Christian Worker, camp claim ^{records} mailed
to Attorney - KD
(Smith, Jordan, Lawry)



10/12/16
As Felin Kaul Gray
\$1 it groups each with BID

called to CVS Easley
859-7168

10/14/16 records for subpoena (Willson, Jones, Carter, Baxley)
copied & mailed to Attorney (no labs per paralegal) - KD



NOV 13 2016

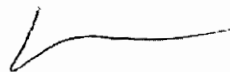
ASA 81mg
66 to R 100/55 Hipitor 40mg
148 B12
MP ALG Same MEDS Nextum QD

CC: Pain when urinating
Itching @ eye lid
Frequency
Nocturia 2-3x

84
58

- S: Pt. is here complaining of frequency, urgency of urination & yesterday he was having actual burning & stinging in the superpubic & urethral area. Today that doesn't seem to be a problem, but he is still getting up at night 2-3 times. Also itching of his R eyelid.
- O: No CVA or superpubic tenderness. HEENT normal except for redness of the R upper lid. UA is normal.
- A: (1) Dysuria & frequency.
(2) BPH.
(3) Possible mild seborrhea of the R eyelid.
- P: Pt. will try drinking Cranberry Juice & see if this will resolve the problem with urination since he seems to be better after drinking it yesterday. If it has not, he'll need to call me. We've tried Cardura & Flomax in the past & he didn't tolerate the side effects, so we probably need to try him on either Vessicare or Myrbetriq.

RWK:dwc



CHRISTIAN, KENNETH DORSEY

Facility: Greenville

SA: GREENVILLE HEALTH SYSTEM

MRN: 970179298

PT#:

Report: 304456330001 - GHS Summary of Care

Basic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language	Preferred Written Language
8/13/1950	Male	White or Caucasian	Non-Hispanic or Non-Latino	English	English

Reviewed On: 6/9/2017 By: Amanda Leigh Harper, RN

Allergies as of 6/29/2017

No Known Allergies

Current Medications Are

albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.
aspirin (ECOTRIN) 81 mg EC tablet	Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention.
atorvastatin (LIPITOR) 40 mg tablet	Take 40 mg by mouth daily Indications: Hypercholesterolemia.
cholecalciferol, vitamin D3, 1,000 unit tablet	Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency.
CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL)	Take 1,000 mcg by mouth daily.
docusate sodium (COLACE) 100 mg capsule	Take 1 capsule (100 mg) 2 (two) times a day.
esomeprazole (Nexium) 40 MG capsule	Take 40 mg by mouth daily Indications: Heartburn.
finasteride (PROSCAR) 5 mg tablet	Take 1 tablet (5 mg) by mouth daily.
fluticasone-vilanterol (Breo Ellipta) 100-25 mcg/dose inhaler	Inhale 1 puff daily.
NITROSTAT 0.4 mg SL tablet	0.4 mg every 5 (five) minutes as needed.
ondansetron (Zofran ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting.
ONETOUCH DELICA LANCETS 33 gauge	
ONETOUCH ULTRA TEST	
prednisone (Deltasone) 20 mg tablet	Take 2 tablets (40 mg) by mouth daily.
VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL)	Take 1 tablet by mouth daily.

Current Immunizations

Name	Date	Dose	VIS Date	Route
Pneumococcal Conjugate 13-Valent	12/13/2016			
Comment: Pharmacy				
Td	11/13/2011			
Zoster	11/13/2011			

Problem List as of 6/29/2017

Date Reviewed: 5/12/2017

	Codes	Priority	Class	Noted -
Colon polyps	ICD-9-CM: 211.3			Resolved
	ICD-10-CM: K63.5			12/17/2015 - Present
RESOLVED: ILD (interstitial lung disease)	ICD-9-CM: 515			6/28/2016 -
	ICD-10-CM: J84.9			2/9/2017
SOB (shortness of breath)	ICD-9-CM: 786.05			6/28/2016 -
	ICD-10-CM: R06.02			Present
Preop examination	ICD-9-CM: V72.84			8/23/2016 -
	ICD-10-CM: Z01.818			Present
RESOLVED: Interstitial lung disease	ICD-9-CM: 515			8/26/2016 -
	ICD-10-CM: J84.9			2/9/2017

Problem List as of 6/29/2017 (continued)

Date Reviewed: 5/12/2017

	Codes	Priority	Class	Noted - Resolved
Hypersensitivity pneumonitis	ICD-9-CM: 495.9			9/12/2016 -
	ICD-10-CM: J67.9			Present
RESOLVED: Snoring	ICD-9-CM: 786.09			11/1/2016 -
	ICD-10-CM: R06.83			12/8/2016
Seasonal allergic rhinitis due to pollen	ICD-9-CM: 477.0			11/1/2016 -
	ICD-10-CM: J30.1			Present
Mild obstructive sleep apnea	ICD-9-CM: 327.23			12/8/2016 -
	ICD-10-CM: G47.33			Present
Cough	ICD-9-CM: 786.2			2/9/2017 -
	ICD-10-CM: R05			Present
Bronchiectasis with acute exacerbation	ICD-9-CM: 494.1			4/4/2017 -
	ICD-10-CM: J47.1			Present
Acute bronchitis due to infection	ICD-9-CM: 466.0			4/4/2017 -
	ICD-10-CM: J20.8			Present

Diagnoses

Acquired asymmetry of prostate	ICD-9-CM: 602.8
	ICD-10-CM: N42.89

Lab and Imaging Results

Procedure	Component	Value	Units	Date/Time
MRI Prostate with and without contrast [68188171]				Collected: 06/29/17 1124
				Updated: 06/29/17 1126

Narrative:

Greenville Health System
GREENVILLE MEMORIAL HOSPITAL
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Christian, Kenneth Dorsey MED. REC. NO.: 970179298
DOB: 08/13/1950
SEX: M PT. NS./ROOM: 08MRI
PT. CLASS: O CORP. ACCOUNT
NO.:
ADMISSION NO.: 1000094502645

ORDERING MD: Lawrence Hill Jr., MD OP LOCATION:

IMG2226 MRI PROSTATE W WO CONTRAST ACCESSION NO: GMH201137911
ORDERED BY: Lawrence Hill Jr., MD

DATE OF EXAM: 06/29/2017 08:15
REASON FOR EXAM: N42.89^Other specified disorders of prostate^10

ADMISSION DATE: 06/29/2017 07:54

66-year-old male with clinical history of asymmetry of the prostate on physical exam.

Multiparametric prostate MRI was performed utilizing Philips 3 T magnet and 16 channel torso coil. Patient received 7 mL Gadavist, IV. Images reviewed on PACS and on separate work station with the aid of DynaCad software.

FINDINGS:

Estimated size of the prostate is 28 grams.

Lab and Imaging Results (continued)

Procedure	Component	Value	Units	Date/Time
No discrete focus of high suspicion for clinically significant malignancy is identified within the prostate on the basis of multiparametric evaluation. There is 1 small focus of intermediate suspicion at the junction of the transitional zone and peripheral zone at the base of the prostate on the left. This measures approximately 8 mm in maximal diameter. It is associated with minimal change on the diffusion weighted images but moderate decreased signal on the ADC map. Minimal hyperemia. See axial T2 image 13, coronal image 14, and ADC Image 84. PI-RADS 3.				

No other discrete abnormality of concern is identified within the prostate. No abnormalities are not identified in the peri prostatic soft tissues. Neurovascular bundles are normal in appearance. Seminal vesicles are atrophic but otherwise unremarkable.

There is a well-margined 3.4 cm mass in the posterior low left pelvis, adjacent to the distal sigmoid colon but not necessarily associated with the colon. This is of low signal intensity equivalent to adjacent skeletal muscle on T2-weighted images with exception of a small well-margined hyperintense focus centrally. On T1-weighted images this also has signal intensity similar to skeletal muscle with a central T2-hyperintense cord. Mild diffuse enhancement is identified. I am not sure what this represents but I suspect it is arising from the soft tissues contiguous with the sigmoid colon. This may represent fibroma for example. Recommend further evaluation with pelvic CT scan before and after IV contrast.

No enlarged pelvic lymph nodes are observed. No evidence of pelvic bone metastases.

IMPRESSION:

1. Small focus of intermediate suspicion for clinically significant malignancy on the left side of the base of the prostate at the junction of the transitional zone and peripheral zone laterally. This measures 8 mm in size. PI-RADS 3.
2. Incidental discovery of very well margined mass of low T2 signal intensity with suspected small fatty core in the low left pelvis, and close proximity to the sigmoid colon. Recommend further characterization with pelvic CT without/ with contrast.

TRANSCRIPTIONIST: sgm

TRANSCRIBE TIME/DATE: 06/29/2017 11:24 am

READ BY: STEVEN G. MILAM, MD

ELECTRONICALLY SIGNED BY:

6/29/2017 11:24 AM: STEVEN G. MILAM, MD

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All CT scans at this facility use specific methods available to minimize radiation exposure to our patients. We use techniques such as dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Creatinine by i-Stat-POC [73551693] (Normal)

Collected: 06/29/17 0847

Specimen Information: Blood

Updated: 06/29/17 0948

Creatinine, POC	1.00	mg/dL
eGFR Non-African American	78	mL/min
eGFR African American	90	mL/min

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	

Patient Instructions

None

CHRISTIAN, KENNETH DORSEY

Facility: Greenville

SA: GREENVILLE HEALTH SYSTEM

MRN: 970179298

PT#:

Report: 304456330001 - GHS Summary of Care

Basic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language	Preferred Written Language
8/13/1950	Male	White or Caucasian	Non-Hispanic or Non-Latino	English	English

Reviewed On: 6/9/2017 By: Amanda Leigh Harper, RN

Allergies as of 6/29/2017

No Known Allergies

Current Medications Are

albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.
aspirin (ECOTRIN) 81 mg EC tablet	Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention.
atorvastatin (LIPITOR) 40 mg tablet	Take 40 mg by mouth daily Indications: Hypercholesterolemia.
cholecalciferol, vitamin D3, 1,000 unit tablet	Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency.
CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL)	Take 1,000 mcg by mouth daily.
docusate sodium (COLACE) 100 mg capsule	Take 1 capsule (100 mg) 2 (two) times a day.
esomeprazole (NexIUM) 40 MG capsule	Take 40 mg by mouth daily Indications: Heartburn.
finasteride (PROSCAR) 5 mg tablet	Take 1 tablet (5 mg) by mouth daily.
fluticasone-vilanterol (BREQ ELLIPTA) 100-25 mcg/dose inhaler	Inhale 1 puff daily.
NITROSTAT 0.4 mg SL tablet	0.4 mg every 5 (five) minutes as needed.
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting.
ONETOUCH DELICA LANCETS 33 gauge	
ONETOUCH ULTRA TEST	
prednisONE (DELTASONE) 20 mg tablet	Take 2 tablets (40 mg) by mouth daily.
VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL)	Take 1 tablet by mouth daily.

Current Immunizations

Name	Date	Dose	VIS Date	Route
Pneumococcal Conjugate 13-Valent	12/13/2016			
Comment: Pharmacy				
Td	11/13/2011			
Zoster	11/13/2011			

Problem List as of 6/29/2017

Date Reviewed: 5/12/2017

	Codes	Priority	Class	Noted -
Colon polyps	ICD-9-CM: 211.3 ICD-10-CM: K63.5			Resolved 12/17/2015 - Present
RESOLVED: ILD (interstitial lung disease)	ICD-9-CM: 515 ICD-10-CM: J84.9			6/28/2016 - 2/9/2017
SOB (shortness of breath)	ICD-9-CM: 786.05 ICD-10-CM: R06.02			6/28/2016 - Present
Preop examination	ICD-9-CM: V72.84 ICD-10-CM: Z01.818			8/23/2016 - Present
RESOLVED: Interstitial lung disease	ICD-9-CM: 515 ICD-10-CM: J84.9			8/26/2016 - 2/9/2017

Problem List as of 6/29/2017 (continued)

Date Reviewed: 5/12/2017

	Codes	Priority	Class	Noted - Resolved
Hypersensitivity pneumonitis	ICD-9-CM: 495.9			9/12/2016 -
	ICD-10-CM: J67.9			Present
RESOLVED: Snoring	ICD-9-CM: 786.09			11/1/2016 -
	ICD-10-CM: R06.83			12/8/2016
Seasonal allergic rhinitis due to pollen	ICD-9-CM: 477.0			11/1/2016 -
	ICD-10-CM: J30.1			Present
Mild obstructive sleep apnea	ICD-9-CM: 327.23			12/8/2016 -
	ICD-10-CM: G47.33			Present
Cough	ICD-9-CM: 786.2			2/9/2017 -
	ICD-10-CM: R05			Present
Bronchiectasis with acute exacerbation	ICD-9-CM: 494.1			4/4/2017 -
	ICD-10-CM: J47.1			Present
Acute bronchitis due to infection	ICD-9-CM: 466.0			4/4/2017 -
	ICD-10-CM: J20.8			Present

Diagnoses

Encounter for imaging to screen for metal prior to magnetic resonance imaging (MRI)	ICD-9-CM: V82.89
	ICD-10-CM: Z13.89

Lab and Imaging Results

Procedure	Component	Value	Units	Date/Time
XR Skull < 4 Vw [73551690]				Collected: 06/29/17 0817
				Updated: 06/29/17 0819

Narrative:

Greenville Health System
GREENVILLE MEMORIAL HOSPITAL
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Christian, Kenneth Dorsey MED. REC. NO.: 970179298

DOB: 08/13/1950

SEX: M

PT. NS./ROOM: 08RA

PT. CLASS: O

CORP. ACCOUNT

NO.:

ADMISSION NO.: 1000095166566

ORDERING MD: Lawrence Hill Jr., MD OP LOCATION:

IMG21 XR SKULL < 4 VW ACCESSION NO: GMH201137955

ORDERED BY: Lawrence Hill Jr., MD

DATE OF EXAM: 06/29/2017 09:00

REASON FOR EXAM: Z13.89^Encounter for screening for other disorder^I10

ADMISSION DATE: 06/29/2017 08:08

FINDINGS:

AP and right lateral views of the skull show no evidence of orbital or intracranial metallic foreign bodies.

TRANSCRIPTIONIST: mhb

TRANSCRIBE TIME/DATE: 06/29/2017 08:17 am

READ BY: MICHAEL H. BRANNON, MD

ELECTRONICALLY SIGNED BY:

6/29/2017 8:17 AM: MICHAEL H. BRANNON, MD

Lab and Imaging Results (continued)

Procedure	Component	Value	Units	Date/Time
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Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	

Patient Instructions

None

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
W Richard Kemmerlin, MD	PCP - General	Family Medicine		10/22/15	

Problem List as of 12/21/2016 (continued)

Date Reviewed: 12/21/2016

	Codes	Priority	Class	Noted - Resolved
	ICD-10-CM: J84.9			Present
Hypersensitivity pneumonitis	ICD-9-CM: 495.9			9/12/2016 -
	ICD-10-CM: J67.9			Present
RESOLVED: Snoring	ICD-9-CM: 786.09			11/1/2016 -
	ICD-10-CM: R06.83			12/8/2016
Seasonal allergic rhinitis due to pollen	ICD-9-CM: 477.0			11/1/2016 -
	ICD-10-CM: J30.1			Present
Mild obstructive sleep apnea	ICD-9-CM: 327.23			12/8/2016 -
	ICD-10-CM: G47.33			Present

Diagnoses**SOB (shortness of breath)**ICD-9-CM: 786.05
ICD-10-CM: R06.02**Lab and Imaging Results**

Procedure	Component	Value	Units	Date/Time
CT chest with contrast [35169156]				
				Collected: 12/21/16 1501
				Updated: 12/21/16 1503

Narrative:

Greenville Health System
GREENVILLE MEMORIAL HOSPITAL
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Christian, Kenneth Dorsey MED. REC. NO.: 970179298

DOB: 08/13/1950

SEX: M

PT. NS./ROOM: 11CT

PT. CLASS: O

CORP. ACCOUNT

NO.:

ADMISSION NO.: 1000059389235

ORDERING MD: WILLIAM D. BOLTON, MD OP LOCATION:

IMG202 CT CHEST W CONTRAST ACCESSION NO: GOR200483067

ORDERED BY: WILLIAM D. BOLTON, MD

DATE OF EXAM: 12/21/2016 11:15

REASON FOR EXAM: R06.02^Shortness of breath^I10

ADMISSION DATE: 12/21/2016 11:15

Chest CT 12/21/2016.

COMPARISON:

Chest CT 08/10/2016.

HISTORY:

Of interstitial lung disease and shortness of breath.

TECHNIQUE:

During the IV administration of 70 mL Omnipaque 350, routine helical imaging was obtained to the chest with form axial and coronal reformatted images provided. There are additional 8 mm axial MIP images.

FINDINGS:

Surgical change is seen in the right perihilar lung parenchyma, new in the interval. This produces some distortion in anatomy. Of course, today's study is a routine exam rather than a high resolution study. Still, bilateral subpleural fibrosis is apparent, appearing very similar to the reference exam. Patchy geographic ground-glass opacities are

Lab and Imaging Results (continued)

Procedure	Component	Value	Units	Date/Time
again noted in the lower lung zones, also appearing very similar to the prior exam. I do not appreciate definite evidence for new or progressive pleural or parenchymal disease. There are no pleural effusions.				

Note is again made of hilar and mediastinal lymphadenopathy. This also appears without significant interval change. There continues to be no scalene or axillary disease.

The heart, pericardium and great vessels appear stable and within normal limits. Scanning into the upper abdomen reveals several small low attenuation lesions of the liver which can be seen as far back as 12/18/2015. I do not appreciate any new liver lesions. There are no adrenal nodules.

Finally, I do not appreciate any bony changes in the interval.

IMPRESSION:

1. INTERSTITIAL LUNG DISEASE AND LYMPHADENOPATHY REVEALED NO DEFINITE INTERVAL CHANGE AS COMPARED TO 12/18/2015.

TRANSCRIPTIONIST: sef

TRANSCRIBE TIME/DATE: 12/21/2016 03:01 pm

READ BY: S. ERIC FARNSWORTH, MD

ELECTRONICALLY SIGNED BY:

12/21/2016 3:01 PM: S. ERIC FARNSWORTH, MD

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Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	

Patient Instructions

None

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
W Richard Kemmerlin, MD	PCP - General	Family Medicine		10/22/15	

CHRISTIAN, KENNETH DORSEY
 Facility: Greenville
 SA: GREENVILLE HEALTH SYSTEM

MRN: 970179298
 PT#:
 Report: 304456330001 - GHS Summary of Care

Basic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language	Preferred Written Language
8/13/1950	Male	White or Caucasian	Non-Hispanic or Non-Latino	English	English

Reviewed On: 12/21/2016 By: Tiffany D Bishop

Allergies as of 12/21/2016

No Known Allergies

Current Medications Are

albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.
aspirin (ECOTRIN) 81 mg EC tablet	Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention.
atorvastatin (LIPITOR) 40 mg tablet	Take 40 mg by mouth daily Indications: Hypercholesterolemia.
cholecalciferol, vitamin D3, 1,000 unit tablet	Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency.
CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL)	Take 1,000 mcg by mouth daily.
DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL)	Take 1,200 mg by mouth daily.
docusate sodium (COLACE) 100 mg capsule	Take 1 capsule (100 mg) 2 (two) times a day.
esomeprazole (NexIUM) 40 MG capsule	Take 40 mg by mouth daily Indications: Heartburn.
loratadine (CLARITIN) 10 mg tablet	Take 1 tablet (10 mg) by mouth daily.
NITROSTAT 0.4 mg SL tablet	0.4 mg every 5 (five) minutes as needed.
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting.
ONETOUCH DELICA LANCETS 33 gauge	
ONETOUCH ULTRA TEST	
oxyCODONE (ROXICODONE) 5 mg immediate release tablet	Take 5 mg by mouth as needed for moderate pain.
oxymetazoline (AFRIN) 0.05 % nasal spray	by Each Nare route 2 (two) times a day.
prednisONE (DELTASONE) 5 mg tablet	Take 1 tablet (5 mg) by mouth daily. 1 tab daily until finished and then STOP
sod bicarb-sod chlor-neti pot (NEILMED NASAFLO)	1 Package into each nostril daily.
VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL)	Take 1 tablet by mouth daily.

Current Immunizations

No immunizations on file.

Problem List as of 12/21/2016

Date Reviewed: 12/21/2016

Problem	Codes	Priority	Class	Noted -
Colon polyps	ICD-9-CM: 211.3 ICD-10-CM: K63.5			Resolved 12/17/2015 - Present
ILD (interstitial lung disease)	ICD-9-CM: 515 ICD-10-CM: J84.9			6/28/2016 - Present
SOB (shortness of breath)	ICD-9-CM: 786.05 ICD-10-CM: R06.02			6/28/2016 - Present
Preop examination	ICD-9-CM: V72.84 ICD-10-CM: Z01.818			8/23/2016 - Present
Interstitial lung disease	ICD-9-CM: 515			8/26/2016 -

DRS. KENDALL & KEMMERLIN, P.A.

PATIENT INTRODUCTION

DATE 4-24-01

PATIENT ☐ MR. Kenn D Christian AGE 50
☐ MRS. ☐ MISS
 FIRST MIDDLE MAIDEN LAST
☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED
 BIRTHDATE 8-13-50

NAME OF PERSON LEGALLY RESPONSIBLE
 (IF PATIENT IS A MINOR, NAME OF PARENT, GUARDIAN, ETC.)

MAILING ADDRESS 109 Briar Park Drive Clem SC 29651
 STREET CITY ZIP

HOME ADDRESS Same CITY ZIP HOME PHONE: 281-9514
 STREET CITY ZIP

SOCIAL SECURITY NO. 260-84-1468 DRIVERS LICENSE NO. 002251878

PATIENT EMPLOYED BY SEW-Eurodrive Inc. OCCUPATION Eng. Tech

BUSINESS ADDRESS P.O. Box 518 Clem SC 29651 BUSINESS PHONE 439-8792
 STREET CITY ZIP

NAME OF SPOUSE Carol A Christian AGE 46
 FIRST MIDDLE MAIDEN LAST

BIRTHDATE _____
 SOCIAL SECURITY NO. 260-84-1468 DRIVERS LICENSE NO. N/A

SPOUSE EMPLOYED BY None OCCUPATION _____

BUSINESS ADDRESS N/A CITY ZIP BUSINESS PHONE N/A
 STREET CITY ZIP

NEAREST RELATIVE NOT LIVING WITH YOU M. Pierce 109 Woodland Circle, Easley SC 859-4875
 FULL NAME ADDRESS PHONE

DO YOU HAVE MEDICARE	YES ☐ NO ☒
INSURANCE COMPANY _____	
GROUP NO. & MEMBERSHIP NO. _____	
ARE YOU BENEFICIARY ☐	OR DEPENDENT ☐

LIST ALL OTHER MEMBERS
 OF IMMEDIATE FAMILY

REFERRED BY: My wife Same as above
 FULL NAME ADDRESS

Kenneth D Christian

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: SIGNED (INSURED PERSON)
 I hereby authorize payment directly to Drs. Kendall, Kemmerlin, & Taylor of the Medical Benefits, if any, otherwise payable to me for their services.

AUTHORIZATION TO RELEASE INFORMATION: SIGNED (PATIENT OR PARENT IF MINOR)
 I hereby authorize Drs. Kendall, Kemmerlin, & Taylor to release any information acquired in the course of my examination or treatment for insurance purposes.

Drs. Kendall and Kemmerlin

Patient Information

Date 7/30/5

☒ Mr.
☐ Mrs.
☐ Miss Kend Christian

Single _____ First _____ Middle _____ Last _____
 Married L Separated _____ Divorced _____ Widowed _____

Age 55 Birth date 8/13/50 Social Security # [REDACTED]

Home Phone # (864) 281-9514 Cell Phone # () N/A

Home Address 107 Briar Park DR. Greenville, SC 29651

Mailing Address Same

Name of person legally responsible (if patient is a minor) N/A

Patient Employed by S.E.W. EURO-DRIVE INC Occupation Eng. Tech.

Business Address P.O. Box 518 Lyman, SC 29365 Business Phone # (864) 439-8295

Name of Spouse Carol Christian Spouse's Age 54 - born - 1170

Spouse's Social Security # ? Spouse's Cell Phone # () N/A

Spouse Employed by Hobby Lobby, Greenville, SC Occupation floor sales

Business Address ? Business Phone # (864) 676-1060

Nearest Relative not living with you Bobby Christian Phone # () N/A
 Address N/A Hartwell, Ga.

Referred by: Not my first visit

Do you have Medicare? ☐ Yes or ☒ No Medicare # _____

List other members of immediate family

Other Insurance Co.? ~~N/A~~ Penn Western Ins.

Group # and Membership # 90131

Beneficiary ☒ Dependant ☐ wife

In the case of medical necessity, I hereby give authorization for My medical information to be shared with following people;

Name <u>Carol Christian</u>	Phone # <u>(864) 281-9514</u>
Name _____	Phone # () _____
Name _____	Phone # () _____
Name _____	Phone # () _____

I hereby authorize Drs. Kendall and Kemmerlin to release any information acquired in the course of my ex. or treatment for insurance purposes.

Signature Ken Christian

Drs Kendall and Kemmerlin

8/4/2011

Patient Information Sheet

Account Number: CHRKE000

Please help us serve you better by taking a few minutes to provide the following information.

Demographics:

Sex: Male

SSN: [REDACTED] Last Name: Christian First Name: Ken Middle Int.: D

Address: [REDACTED] Circle City/State/Zip: Easley, SC 29640 DL: DECLINED

Home Phone: (864)859-6892 Cell Phone: (864)569-6892-9673 D.O.B.: 08/13/1950 Age: 60

Marital Status: Married Name of parent/legal guardian (if patient is a minor): _____

Employment Information:

 If patient is a minor, please give parent/legal guardian employment information

Employment Status: Full time

Employer Name: Sew Eurodrive Inc. Work Phone: (864)439-8792

PRIMARY INSURANCE

Insurance 1: Penn Western Benefits, Inc.

Policy Number: _____ Grp Number: _____

Elig. Date: _____

Insured 1 Name: Ken D. Christian D.O.B.: 08/13/1950

SSN: [REDACTED] Rel. to Patient: Self

Address (If different than Insured) _____

Drug Card # (if applicable): _____

SECONDARY INSURANCE

Insurance 2: _____

Policy Number: _____ Grp Number: _____

Elig. Date: _____

Insured 2 Name: _____ D.O.B.: _____

SSN: _____ Rel. to Patient: _____

Address (If different than Insured) _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Carol Christian

(864)281-9514

Name

Phone:

MEDICAL INFORMATION

In the case of medical necessity, I hereby give authorization for my medical information to be shared with the following people:

Name: Carol Christian

Phone # 864-281-9514 864-859-6892

Name: _____

Phone # cell 569-9676

Name: _____

Phone # _____

RELEASE OF INFORMATION

I authorize Drs Kendall and Kemmerlin to release any information acquired in the course of my medical examination and treatment for insurance purposes

Kenneth D Christian

Kenneth D Christian

8/4/11

Print Name

Patient's Signature

Date

Patient Information Sheet

Account Number: CHRKE000

Please help us serve you better by taking a few minutes to provide the following information.

Demographics:

Sex: Male

SSN: [REDACTED] Last Name: Christian First Name: Ken Middle Int.: D

Address: 107 Woodland Circle City/State: Easley, SC 29640 DL: DECLINED

Home Phone: (864)859-6892 Cell Phone: (864)569-9673 6892 D.O.B.: 08/13/1950 Age: 60

Marital Status: Married

Name of parent/legal guardian (if patient is a minor): 9673

Employment Information:

If patient is a minor, please give parent/legal guardian employment information

Employment Status: Full time

Employer Name: Sew Eurodrive Inc.

Work Phone: (864)439-8792

PRIMARY INSURANCE

Insurance 1: Penn Western Benefits, Inc.

Policy Number: Grp Number:

Elig. Date

Insured 1 Name: Ken D. Christian D.O.B.: 08/13/1950

SSN: [REDACTED] Rel. to Patient: Self

Address (If different than Insured)

Drug Card # (if applicable):

SECONDARY INSURANCE

Insurance 2:

Policy Number: Grp Number:

Elig. Date

Insured 2 Name: D.O.B.:

SSN: Rel. to Patient

Address (If different than Insured)

IN CASE OF EMERGENCY PLEASE CONTACT:

Carol Christian

(864)281-9514

Name

Phone:

MEDICAL INFORMATION

In the case of medical necessity, I hereby give authorization for my medical information to be shared with the following people:

Name: Carol Christian

Phone # 8642819514

Name:

Phone #

Name:

Phone #

RELEASE OF INFORMATION

I authorize Drs. Kendall and Kemmerlin to release any information acquired in the course of my medical examination and treatment for insurance purposes

Kenneth Christian

Print Name

Kenneth Christian

Patient's Signature

9/11/10

Date

Patient Information Sheet

Account Number: CHRKE000

Please help us serve you better by taking a few minutes to provide the following information.

Demographics:

Sex: Male

SSN: [REDACTED] Last Name: Christian First Name: Ken Middle Init.: DAddress: 109 Briar Park Drive City/State: Greer, SC 29651 DL: DECLINEDHome Phone: (864)281-9514 Cell Phone: 564 9673 D.O.B: 08/13/1950 Age: 58Marital Status: Married Name of parent/legal guardian (if patient is a minor): _____Employment Information: If patient is a minor, please give parent/legal guardian employment informationEmployment Status: Full timeEmployer Name: Sew Eurodrive Inc. Work Phone: (864)439-8792**PRIMARY INSURANCE**

Insurance 1: _____

Policy Number: _____ Grp Number: _____

Elig. Date _____

Insured 1 Name: _____ D.O.B.: _____

SSN: _____ Rel. to Patient: _____

Address (If different than Insured)

Drug Card # (if applicable): _____

SECONDARY INSURANCE

Insurance 2: _____

Policy Number: _____ Grp Number: _____

Elig. Date _____

Insured 2 Name: _____ D.O.B.: _____

SSN: _____ Rel. to Patient _____

Address (If different than Insured)

IN CASE OF EMERGENCY PLEASE CONTACT:

Carol Christian

(864)281-9514

Name

Phone:

MEDICAL INFORMATION

In the case of medical necessity, I hereby give authorization for my medical information to be shared with the following people:

Name: Carol Christian Phone # 8642819514

Name: _____ Phone # _____

Name: _____ Phone # _____

RELEASE OF INFORMATION

I authorize Drs. Kendall and Kemmerlin to release any information acquired in the course of my medical examination and treatment for insurance purposes

Kenneth D Christian
Print NameKenneth D Christian
Patient's Signature11/10/08
Date

Patient Information Sheet

Account Number: CHRXF000

Please help us serve you better by taking a few minutes to provide the following information.

Demographics:

Sex: Male

SSN: 260-81-1468 Last Name: Christian First Name: Ken Middle Init.: D

Address: 107 Woodland Circle City/State/Zip: Hasley, SC 29640 DL: DECLINED

Home Phone: (864)859-6892 Cell Phone: (864)569-6892 D.O.B.: 08/13/1950 Age: 63

Marital Status: Married Name of parent/legal guardian (if patient is a minor):

Employment Information: If patient is a minor, please give parent/legal guardian employment information

Employment Status: Full time

Employer Name: Sew Eurodrive Inc Work Phone: (864)439-8792

PRIMARY INSURANCE

Insurance 1: Penn Western Benefits, Inc

Policy Number: Grp Number:

Elig. Date:

Insured 1 Name: Ken D. Christian D.O.B.: 08/13/1950

SSN: Rel. to Patient: Self

Address (If different than Insured)

Drug Card # (if applicable):

SECONDARY INSURANCE

Insurance 2:

Policy Number: Grp Number:

Elig. Date:

Insured 2 Name: D.O.B.:

SSN: Rel. to Patient:

Address (If different than Insured)

IN CASE OF EMERGENCY PLEASE CONTACT:

Carol Christian

(864)281-9514

Name

Phone:

MEDICAL INFORMATION

In the case of medical necessity, I hereby give authorization for my medical information to be shared with the following people:

Name: Carol Christian

Phone # 864-281-9514

Name:

Phone # 864-569-9673

Name:

Phone #

RELEASE OF INFORMATION

I authorize Drs. Kendall and Kemmerlin to release any information acquired in the course of my medical examination and treatment for insurance purposes

Ken D. Christian
Print NameKenneth W. Christian
Patient's Signature9/26/13
Date

1/6/2014

Account Number: CHIRKE000

Demographics:

SSN: [REDACTED] Last Name: Christian First Name: Ken Middle Init.: D
Address: [REDACTED] Circle City/State/Zip: Easley, SC 29640 DL: DECLINED
Home Phone: (864) 854-6892 N/A Cell Phone: (864) 569-6892 569-9617 D.O.B: 08/13/1950 Age: 63
Marital Status: Married Name of parent/legal guardian (if patient is a minor):

Employment Information: If patient is a minor, please give parent/legal guardian employment information

Employment Status: Full time

Employer Name: Sew Eurodrive Inc. **Work Phone:** (864)439-8792

SECONDARY INSURANCE

Insurance 1: Penn Western Benefits, Inc.
Policy Number: 90131 **Grp Number:** _____
Elig. Date _____
Insured 1 Name: Ken D. Christian **D.O.B.:** 08/13/1950
SSN: [REDACTED] **Rel. to Patient:** Self

Insurance 2: _____
Policy Number: _____ **Grp Number:** _____
Elig. Date _____
Insured 2 Name: _____ **D.O.B.:** _____
SSN: _____ **Rel. to Patient** _____

Address (If different than Insured)

Address (If different than Insured)

Drug Card# (if applicable):

IN CASE OF EMERGENCY PLEASE CONTACT

Carol Christian

(864)569-9673

Name _____

Phone:

MEDICAL INFORMATION

In the case of medical necessity, I hereby give authorization for my medical information to be shared with the following people:

Name: Carol Christian Phone # 8645699673

Name: Phone #

Name: Phone #

RELEASE OF INFORMATION

I authorize Drs. Kendall and Kennerlin to release any information acquired in the course of my medical examination and treatment for insurance purposes.

Kenneth Christian
Print Name

Ken A Christman
Patient's Signature

1/6/14
Date

SEW-EURODRIVE



PLAN NUMBER: 90131

Contact Penn Western Benefits, Inc. for Benefits, Claim Status, Eligibility, Deductibles, and Accumulations @ www.pennwestern.com or by phone @ 888-792-7828 for the Automated System or 336-685-9400 to speak to a Claims Representative.

Pre-Certification: MedCost Medical Management 800-722-2157 (Inpatient Only)

MedCost Preferred

FOR CLAIMS SUBMISSION

MedCost Preferred providers send bills to:	All other providers send bills to:
MedCost Preferred EDI# 56162 PO Box 25307 Winston-Salem, NC 27114-5307 800-824-7406	Penn Western Benefits, Inc. PO Box 7834 Greensboro, NC 27417-0834 EDI claims - www.pennwestern.com

Possession of this card does not guarantee eligibility.

ALC 10/1/11 P10 21

month

CONSULT YOUR PERSONAL INSURANCE COMPANY AS TO WHICH LABORATORY THEY REQUIRE YOU TO USE.

UPSTATE CARDIOLOGY, P.A.
1005 GROVE ROAD
GREENVILLE, S.C. 29605
864/235-7665 • FAX 864/233-5971

INSURANCE NAME & ADDRESS (PLEASE ATTACH COPY OF CARD)

SUBSCRIBER NAME

SELF SPOUSE DEP

GROUP / POLICY #

MEDICARE / MEDICAID #

PATIENT NAME (LAST)	(FIRST)	(MI)	
Christian	Kenneth		4
PATIENT ADDRESS			
CITY	STATE	ZIP	
PATIENT TELEPHONE #		SOCIAL SECURITY #	DATE OF BIRTH
PHYSICIAN NAME (LAST, FIRST, MI)			
Doug Head, MD			
DIAGNOSTIC CODE			
272.4			

PANELS		CHEMISTRY (CONT'D)	THERAPEUTIC DRUGS (CONT'D)	DIAGNOSTIC IMMUN. (CONT'D)
	CHEM 21# (SEE BELOW)	GLYCOSYLATED HGB*	PHENOBARBITAL	ROCKY MOUNTAIN
	BASIC METABOLIC*	HAV (1gM) Ab	PROCAINAMIDE	SPOTTED FEVER LATEX TEST
	BASIC METABOLIC*	HBcAB/1gm	QUINIDINE	RPR*
	COMPREHENSIVE METABOLIC*	HBcAB/TOTAL	SALICYATE	MICROBIOLOGY
	ELECTROLYTE*	HBsAg	TEGRETOL	
	HEPATIC*	HCG. QUANT.	THEOPHYLLINE	BLOOD CULTURE
	LIPID*	HDL CHOLESTEROL*	VALPROIC ACID	C. DIFFICILE TOXIN
	THYROID*	1gA	URINE CHEMISTRY	CHLAMYDIA CULTURE
	RENAL	IgG		URINALYSIS*
	ANEMIA	IgM	CORTISOL, URINE FREE	FUNGUS CULTURE
	ARTHRITIS	IRON*	CREATININE	FUNGUS SMEAR
	HEPATITIS	IRON & TRANSFERRIN*	CREATININE CLEARANCE	GC
	DERMATOLOGY	LD TOTAL*	HT. ____ WT. ____	GRAM STAIN
	BONE	LIPASE	OSMOLALITY PREGNANCY TEST	HERPES CULTURE
	CHEMISTRY	LH	PROTEIN, QUANTITATIVE	HERPES FA
		ALKALINE PHOSPHATASE*	MAGNESIUM*	VMA
	AMMONIA	PHOSPHORUS*	HEMATOLOGY	OVA & PARASITE
	AMYLASE	POTASSIUM*		HEMATOLOGY PROFILE
	B12	PROLACTIN	H & H*	ROUTINE CULTURE*
	BILIRUBIN TOTAL*	PROTEIN ELECTROPHORESIS	PLATELET COUNT*	CULTURE & SENSITIVITY*
	BILIRUBIN TOTAL+ DIRECT*	PROTEIN, TOTAL*	RETICULOCYTES*	FLUIDS
	BUN*	PSA*	SED RATE	
	CALCIUM*	SGOT (AST)*	WBC*	CELL COUNT
	CEA*	SGPT (ALT)*	WBC & DIFF*	CRYSTALS
	CHLORIDE*	SODIUM*	COAGULATION	GLUCOSE
	CHOLESTEROL*	T3 UPTAKE*		PT&APTT (KOA)*
	CK TOTAL*	T4*	PTT	OLIGOCLONAL BANDS
	COMPLEMENT 3	T3 (RIA)	PT*	TB CULTURE-CSF
	COMPLEMENT 4	TESTOSTERONE	DIAGNOSTIC IMMUNOLOGY	VDRL-CSF
	CORTISOL AM__ PM__	TRIGLYCERIDES*		ACUTE LEUKEMIA PANEL
	CREATININE*	TSH*	ANA	
	ESTRADIOL	URIC ACID*	ASO	
	FERRITIN*	THERAPEUTIC DRUGS	IMMUNO. DEF. PANEL	
	FOLATE		DIGOXIN*	LYMPHOMA PANEL
	FSH	DILANTIN	MONO SCREEN	
	GGTP*	LITHIUM	RHEUMATOID FACTOR	
	GLUCOSE*	MYSOLINE		

Prescription Fax Form

medcohealth

Patient: Please bring this form to your doctor. This prescription request is only authorized when faxed from the physician's office.

Physician: Please fully complete steps 1 to 4 below to help ensure timely processing of your patient's prescription. The confirmation that you receive on your fax machine should serve as your receipt that we have received your fax.

Questions? Call us at 1 888 327-9791.

34216



Step 1 Fill in both the Subscriber and the Patient information below.

Prescription Drug

Card Member number:

286471073169

Subscriber Information (cardholder):

Name: (First)

Ken

(Last)

Christian

Address:

109 Briar Park Dr.

City: Greer

State: SC

Zip Code: 29651

Phone: 864-281-9514

Patient Name: (First)

Ken

(Last)

Christian

DOB: 8-13-50

Step 2

Confirm your office's secure fax number. Check the box to indicate a change, and write in the correct number.

864-234-4719

☐ New fax number:

Step 3

Complete for new patients or for patients with changes in their health. Please check all that apply:

Allergies: NKDA

- ☒ None ☐ Sulfa ☐ Penicillin
☐ Aspirin ☐ Codeine ☐ Iodine

Medical Conditions:

- ☐ CHF ☐ Asthma ☐ Hypertension
☐ GI Ulcer ☐ Glaucoma ☐ None

Other CAD

12/25/07 3:30 PM faxed KA

Step 4

Please tape the prescription from your prescription pad here. (Most patients can receive up to a 90-day supply and 4 refills)

Fax the completed form to: 1 800 837-0959

THOMAS W. KENDALL, M.D.
1817 WOODRUFF ROAD
GREENVILLE, SC 29607

E

(803) 234-7000

P

Name

Ken Christian

Age

Address

SECURITY FEATURES ON BACK

Date

6/25/07

R

DEA #

Nyxin #90
40m

S. J. P. O. J.

☒ Label

Refill 3 times PRN NR

M.D.

M.D.

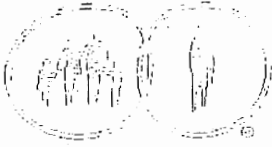
Dispense as Written

Substitution Permitted

NRX030714124158



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DRS. KENDALL, ST. KEMMERLIN, M.D.

1817 Woodruff Rd.
Greenville, SC 29607
(864) 234-7000
Fax: (864) 234-4719

Thomas W. Kendall, M.D.

FAX

Richard W. Kemmerlin, M.D.

The information in this fax is considered personal and confidential and is intended only for the designated recipient. If you have received this information in error, did not receive the proper number of pages, or were disconnected prior to the completion of the FAX, please call the above number and ask for the original sender of the FAX. Review, distribution, or copying of patient information is otherwise forbidden.

Date: 09/04/15

Number of Pages: 1
(including this cover sheet)

To: Deborah Martin Sexton FNP-BC

Fax #: 864-661-1977

From: Dr. Thomas Kendall / KKppn

RE: Ken Christian

DOB: 08/13/50

Lung CT Scan without contrast
for Chronic Cough.
per Dr. KENDALL / KK

Thank you.

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 12/18/2015, D/C: 12/18/2015

ABSTRACT OF HEALTH INFORMATION

Patient Demographics

Patient Name	HAR	Sex	DOB	Address	Phone
Christian, Kenneth	301533 80449	Male	8/13/1950	[REDACTED] CIRCLE EASLEY SC 29640	864-569-9673 (Home) 864-661-1170 (Work) 864-569-9673 (Mobile) *Preferred*

Diagnoses

1. Pulmonary infiltrate [216958]

2. ILD (interstitial lung disease) (HCC) [268602]

ED Notes

No notes of this type exist for this encounter.

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 12/18/2015, D/C: 12/18/2015

LABORATORY RESULTS

Lab Results

None

PATHOLOGY RESULTS

RADIOLOGY RESULTS

Radiology Results

Resulted: 12/18/15 1618, Result status: Final
result

CT CHEST W/O CONTR [278629264]

Resulted by: Barry M Lazenby, MD Performed: 12/18/15 1552 - 12/18/15 1600
Resulting lab: GRNVL SFD RADIANT
Narrative:
CT CHEST WITHOUT CONTRAST DATED 12/18/2015.

History: Follow-up pulmonary nodule.

Comparison: Followup interstitial lung disease after steroid course.

Technique: Multiple contiguous helical CT images reconstructed at 5 mm were obtained from the neck base to the mid abdomen without the administration of contrast.

Comparison: None.

Findings:

CT Chest:

The base of the neck is unremarkable in appearance. No axillary, or mediastinal lymphadenopathy is seen. Mildly prominent, although grossly nonenlarged mediastinal lymph nodes are seen. Evaluation of the hila is limited due to noncontrast technique although no obvious bulky hilar changes are seen. The thoracic aorta is normal in caliber.

Evaluation with lung windows demonstrates no worrisome nodules or masses. Peripheral reticular interstitial prominence is seen most evident in the lung bases. Mild central bronchiectasis is suggested particularly in the upper lobes. Patchy areas of groundglass attenuation are seen most evident in the lung bases these do not improve with prone positioning and therefore not felt to represent atelectasis. No pleural effusion is seen. Lungs are expanded without evidence for pneumothorax.

Limited evaluation of the upper abdomen demonstrates no acute abnormality. The adrenal glands are unremarkable in appearance.

Impression:

IMPRESSION:

1. Peripheral reticular changes, mild central bronchiectasis, and patchy groundglass changes. These findings are most suggestive of a process such as an NSIP, or hypersensitivity pneumonitis. No prior studies are currently available to compare.

Specimen Information

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 12/18/2015, D/C: 12/18/2015

Radiology Results (continued)

Resulted: 12/18/15 1618, Result status: Final

CT CHEST W/O CONTRAST (continued)

result

Type	Source	Collected On
		12/18/15 1609

Testing Performed By

Lab	Abbreviation	Name	Director	Address	Valid Date Range
10 - Unknown		GRNVL SFD RADIANT	SFD Lab Director	Unknown	01/15/13 1538 - Present

EKG Results

None

MEDICATIONS

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 12/18/2015, D/C: 12/18/2015

MEDICATION

Start Taking

No Medications Reported

Continue These Medications Which Have Not Changed

ASPIRIN DELAYED-RELEASE 81 MG TABLET TAKE 1 TABLET DAILY

ATORVASTATIN (LIPITOR) 20 MG TABLET Take 40 mg by mouth daily.

CHOLECALCIFEROL, VITAMIN D3, (VITAMIN D3) 1,000 UNIT CAP Take by mouth daily.

CYANOCOBALAMIN (VITAMIN B-12) 1,000 MCG TABLET Take 1,000 mcg by mouth daily.

FLUTICASONE (FLONASE) 50 MCG/ACTUATION NASAL SPRAY 2 Sprays by Both Nostrils route daily.

NEXIUM 40 MG CAPSULE TAKE 1 CAPSULE DAILY

OMEGA-3 FATTY ACIDS-VITAMIN E (FISH OIL) 1,000 MG CAP Take 1 Cap by mouth daily.

VITAMIN B COMP & C NO.4 (SUPER B COMPLEX + C) 150 MG TAB Take by mouth daily.

These Medications Have Changed

No Medications Reported

Stop Taking

No Medications Reported

Facility Administered Medications

No Medications Reported

AFTER VISIT SUMMARY

About your hospitalization

You were admitted on: December 18, 2015

You last received care in the: SFD RADIOLOGY CT SCAN

You were discharged on: December 18, 2015

Why you were hospitalized

Your primary diagnosis was: Not on File

Providers Seen During Your Hospitalizations

Provider	Role	Specialty	Primary office phone
Julia G Payne, MD	Attending Provider	Pulmonary Disease	864-233-8063

Your Primary Care Physician (PCP)

Primary Care Physician	Office Phone	Office Fax
KENDALL SR, THOMAS W	864-234-7000	864-234-4719

Follow-up Information

None

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 12/18/2015, D/C: 12/18/2015

AFTER VISIT SUMMARY (continued)**Discharge Instructions**

Christian, Kenneth (MR # [REDACTED])

None

Current Immunizations

Reviewed on 3/28/2016

TD Vaccine 11/13/2011

Zoster 11/13/2011

Please provide this summary of care documentation to your next provider.

Patient received a copy of the After Visit Summary.

End of After Visit Summary

Encounter-Level E-Signatures:

There are no encounter-level e-signatures.

Order-Level E-Signatures:

There are no order-level e-signatures.

Hospital Account-Level E-Signatures:

There are no hospital account-level e-signatures.

END OF REPORT

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 12/30/2015, D/C: 12/30/2015

ABSTRACT OF HEALTH INFORMATION

Patient Demographics

Patient Name	HAR	Sex	DOB	Address	Phone
Christian, Kenneth	301535 70206	Male	8/13/1950	[REDACTED] CIRCLE EASLEY SC 29640	864-569-9673 (Home) 864-661-1170 (Work) 864-569-9673 (Mobile) *Preferred*

Diagnoses

Diagnosis	Comments
Interstitial lung disease (HCC) [229253] - Primary	

ED Notes

No notes of this type exist for this encounter.

History & Physical

Interval H&P Note by Travis J Greer, MD at 12/30/15 1112

Author: Travis J Greer, MD Service: Pulmonary Disease Author Type: Physician
Filed: 12/30/15 1112 Date of Service: 12/30/15 1112 Related: Original note: H&P (View-Only)
by Julia G Payne, MD filed at 12/04/15
1659
Status: Signed Editor: Travis J Greer, MD (Physician)

H&P Update:

Kenneth Christian was seen and examined.

History and physical has been reviewed. The patient has been examined. There have been no significant clinical changes since the completion of the originally dated History and Physical.

Signed By: Travis J Greer, MD
December 30, 2015 11:12 AM

Electronically signed by Travis J Greer, MD at 12/30/15 1112

Revision History

Date/Time	User	Provider Type	Action
> 12/30/15 1112	Travis J Greer, MD	Physician	Sign

Attribution information within the note text is not available.

H&P (View-Only) by Julia G Payne, MD at 12/04/15 1608

Author: Julia G Payne, MD Service: (none) Author Type: Physician
Filed: 12/04/15 1659 Date of Service: 12/04/15 1608 Status: Signed
Editor: Julia G Payne, MD (Physician)

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 1/6/2016, D/C: 1/6/2016

ABSTRACT OF HEALTH INFORMATION

Patient Demographics

Patient Name	HAR	Sex	DOB	Address	Phone
Christian, Kenneth	301600 60422	Male	8/13/1950	[REDACTED] CIRCLE EASLEY SC 29640	864-569-9673 (Home) 864-661-1170 (Work) 864-569-9673 (Mobile) *Preferred*

Diagnoses

1. Interstitial lung disease (HCC) [229253] 2. H/O seasonal allergies [1323500]

ED Notes

No notes of this type exist for this encounter.

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 1/6/2016, D/C: 1/6/2016

LABORATORY RESULTS

Lab Results

Procedure	Component	Value	Ref Range	Lab	Date/Time
ASPERGILLUS AB [281453384]				LABCORP	Collected: 01/06/16 1600
Order Status: Completed		Specimen: Serum from Serum			Updated: 01/09/16 1940
	Aspergillus fumigatus Ab	NEGATIVE	Neg:<1:1	LABCORP	
	Aspergillus flavus Ab	NEGATIVE	Neg:<1:1	LABCORP	
	Aspergillus niger Ab	NEGATIVE	Neg:<1:1	LABCORP	

(NOTE)

Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344

ALLERGEN, ASPERGILLUS FUMIGATUS AB, IGE, QT [281453386]				LABCORP	Collected: 01/06/16 1600
Order Status: Completed		Specimen: Serum from Serum			Updated: 01/08/16 0341
	Aspergillus fumigatus	<0.10	Class 0 KU/L	LABCORP	

(NOTE)

Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344

ANCA PANEL [281453380]				LABCORP	Collected: 01/06/16 1600
Order Status: Completed		Specimen: Serum from Serum			Updated: 01/07/16 1638
	Myeloperoxidase (MPO) Ab	<9.0	0.0 - 9.0 U/mL	LABCORP	
	Proteinase 3 (PR-3) Ab	<3.5	0.0 - 3.5 U/mL	LABCORP	

(NOTE)

Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344

Cytoplasmic (C-ANCA) Ab	<1:20	Neg:<1:20 titer	LABCORP
Perinuclear (P-ANCA)	<1:20	Neg:<1:20 titer	LABCORP

(NOTE)

The presence of positive fluorescence exhibiting P-ANCA or C-ANCA patterns alone is not specific for the diagnosis of Wegener's Granulomatosis (WG) or microscopic polyangiitis. Decisions about treatment should not be based solely on ANCA IFA results. The International ANCA Group Consensus recommends follow up testing of positive sera with both PR-3 and MPO-ANCA enzyme immunoassays. As many as 5% serum samples are positive only by EIA.
Ref. AM J Clin Pathol 1999;111:507-513.

Atypical pANCA	<1:20	Neg:<1:20 titer	LABCORP
-----------------------	-------	-----------------	---------

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 1/6/2016, D/C: 1/6/2016

Lab Results (continued)

Procedure	Component	Value	Ref Range	Lab	Date/Time
-----------	-----------	-------	-----------	-----	-----------

(NOTE)

The atypical pANCA pattern has been observed in a significant percentage of patients with ulcerative colitis, primary sclerosing cholangitis and autoimmune hepatitis.

Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344

IMMUNOGLOBULIN E, QT [281453382]

Order Status: Completed

Specimen: Serum from Serum

LABCORP

Collected: 01/06/16 1600

Updated: 01/07/16 0638

Immunoglobulin
E

28

0 - 100 IU/mL LABCORP

(NOTE)

Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344

CBC WITH AUTOMATED DIFF [281456341] (Abnormal)

Order Status: Completed

Specimen: Whole Blood

STFD

Collected: 01/06/16 1600

Updated: 01/06/16 1620

WBC

7.1

4.3 - 11.1

STFD

K/uL

RBC

4.31

4.23 - 5.67

STFD

M/uL

HGB

14.3

13.6 - 17.2

STFD

g/dL

HCT

41.6

41.1 - 50.3 %

STFD

MCV

96.5

79.6 - 97.8 fL

STFD

MCH

33.2 (H)

26.1 - 32.9

STFD

PG

MCHC

34.4

31.4 - 35.0

STFD

g/dL

RDW

12.3

11.9 - 14.6 %

STFD

PLATELET

189

150 - 450

STFD

K/uL

MPV

10.2 (L)

10.8 - 14.1 fL

STFD

DF

AUTOMAT

STFD

ED

NEUTROPHILS

67

43 - 78 %

STFD

LYMPHOCYTES

18

13 - 44 %

STFD

MONOCYTES

5

4.0 - 12.0 %

STFD

EOSINOPHILS

9 (H)

0.5 - 7.8 %

STFD

BASOPHILS

1

0.0 - 2.0 %

STFD

IMMATURE

0.1

0.0 - 5.0 %

STFD

GRANULOCYTES

ABS.

4.8

1.7 - 8.2 K/uL

STFD

NEUTROPHILS

ABS.

1.2

0.5 - 4.6 K/uL

STFD

LYMPHOCYTES

ABS.

0.3

0.1 - 1.3 K/uL

STFD

MONOCYTES

ABS.

0.6

0.0 - 0.8 K/uL

STFD

EOSINOPHILS

ABS.

0.1

0.0 - 0.2 K/uL

STFD

BASOPHILS

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 1/6/2016, D/C: 1/6/2016

Lab Results (continued)

Procedure	Component	Value	Ref Range	Lab	Date/Time
	ABS. IMM. GRANS.	0.0	0.0 - 0.5 K/UL	STFD	

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
16 - LABCORP	LABORATORY CORPORATION OF AMERICA	Unknown	William F Hancock, M.D. LabCorp Burlington 1447 York Court Burlington NC 27215- 3361	11/04/14 1527 - Present
23 - STFD	ST FRANCIS DOWNTOWN LAB	Unknown	Dr. J. T. Latham, Lab Director Dr. C. A. Nicholson, POC Lab Director One St. Francis Drive Greenville SC 29601	03/26/14 1351 - Present

PATHOLOGY RESULTS

RADIOLOGY RESULTS

EKG Results

None

MEDICATIONS

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 1/6/2016, D/C: 1/6/2016

MEDICATION

Start Taking

No Medications Reported

Continue These Medications Which Have Not Changed

ASPIRIN DELAYED-RELEASE 81 MG TABLET TAKE 1 TABLET DAILY

ATORVASTATIN (LIPITOR) 20 MG TABLET Take 40 mg by mouth daily.

CHOLECALCIFEROL, VITAMIN D3, (VITAMIN D3) 1,000 UNIT CAP Take by mouth daily.

CYANOCOBALAMIN (VITAMIN B-12) 1,000 MCG TABLET Take 1,000 mcg by mouth daily.

FLUTICASONE (FLONASE) 50 MCG/ACTUATION NASAL SPRAY 2 Sprays by Both Nostrils route daily.

NEXIUM 40 MG CAPSULE TAKE 1 CAPSULE DAILY

OMEGA-3 FATTY ACIDS-VITAMIN E (FISH OIL) 1,000 MG CAP Take 1 Cap by mouth daily.

VITAMIN B COMP & C NO.4 (SUPER B COMPLEX + C) 150 MG TAB Take by mouth daily.

These Medications Have Changed

No Medications Reported

Stop Taking

No Medications Reported

Facility Administered Medications

No Medications Reported

AFTER VISIT SUMMARY

About your hospitalization

You were admitted on: January 6, 2016

You last received care in the: SFD LABORATORY OP CNTR

You were discharged on: January 6, 2016

Why you were hospitalized

Your primary diagnosis was: Not on File

Your Primary Care Physician (PCP)

Primary Care Physician	Office Phone	Office Fax
KENDALL SR, THOMAS W	864-234-7000	864-234-4719

Follow-up Information

None

Discharge Instructions

None

Christian, Kenneth (MR # [REDACTED])

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

CHRISTIAN, KENNETH
MRN: [REDACTED]
DOB: 8/13/1950, Sex: M
Arrival: 1/6/2016, D/C: 1/6/2016

AFTER VISIT SUMMARY (continued)

Current Immunizations

Reviewed on 3/28/2016

TD Vaccine	11/13/2011
Zoster	11/13/2011

Please provide this summary of care documentation to your next provider.

Patient received a copy of the After Visit Summary.

End of After Visit Summary

Encounter-Level E-Signatures:

There are no encounter-level e-signatures.

Order-Level E-Signatures:

There are no order-level e-signatures.

Hospital Account-Level E-Signatures:

There are no hospital account-level e-signatures.

END OF REPORT

Patient Chief Complaint Form - General

Name: Ken Christain Age: 65 Date: 9-9-15

Please list all of your symptoms relating to today's scan: Had xRay, doctor said the lung xray showed a small place on lung (bottom area).

What caused this problem? I don't know

Did your doctor tell you what he/she thinks caused your problem? No If so, what? only that I have had this cough over a year.

Does anything make your symptoms worse? no If so, what?

Does anything make your symptoms better? no If so, what?

For Women only: Are you pregnant or possibly pregnant? _____

Have you had any of the following studies? _____ If yes, complete below:

Type	Approximate Date	Place of Service
X-ray	_____	_____
Bone scan	_____	_____
Myelogram	_____	_____
Cat scan	_____	_____
MRI	_____	_____

PULMONOLOGY-LUNG CTR
200 Patwood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 06/28/16

All Lab and Imaging Orders and Results (06/28/16 - 06/28/16)

Sed Rate ESR

Electronically signed by: **Jacqueline Jessi Ryals on 06/28/16 1611** Status: **Completed**
Ordering user: Jacqueline Jessi Ryals 06/28/16 1611 Ordering provider: Edward Bert Knight III, MD
Authorized by: Edward Bert Knight III, MD
Frequency: 06/28/16 -
Diagnoses:
ILD (interstitial lung disease) [J84.9]
SOB (shortness of breath) [R06.02]

Rheumatoid Factor Quantitative

Electronically signed by: **Jacqueline Jessi Ryals on 06/28/16 1611** Status: **Completed**
Ordering user: Jacqueline Jessi Ryals 06/28/16 1611 Ordering provider: Edward Bert Knight III, MD
Authorized by: Edward Bert Knight III, MD
Frequency: 06/28/16 -
Diagnoses:
ILD (interstitial lung disease) [J84.9]
SOB (shortness of breath) [R06.02]

ANA w/ Reflex to Csc

Electronically signed by: **Jacqueline Jessi Ryals on 06/28/16 1611** Status: **Completed**
Ordering user: Jacqueline Jessi Ryals 06/28/16 1611 Ordering provider: Edward Bert Knight III, MD
Authorized by: Edward Bert Knight III, MD
Frequency: 06/28/16 -
Diagnoses:
ILD (interstitial lung disease) [J84.9]
SOB (shortness of breath) [R06.02]

Hypersensitivity Pneumonitis Profile

Electronically signed by: **Jacqueline Jessi Ryals on 06/28/16 1611** Status: **Completed**
Ordering user: Jacqueline Jessi Ryals 06/28/16 1611 Ordering provider: Edward Bert Knight III, MD
Authorized by: Edward Bert Knight III, MD
Frequency: 06/28/16 -
Diagnoses:
ILD (interstitial lung disease) [J84.9]
SOB (shortness of breath) [R06.02]

Progress Notes

Edward Bert Knight III, MD at 6/28/2016 2:32 PM

Author Type: Physician Status: Signed

Chief Complaint:

New pt ILD

HPI:

Kenneth Dorsey Christian is a 65 y.o. male electronics technician who comes to us for an opinion regarding his interstitial lung disease. Reports an illness lasting about 2 years in which he began having a cough that was mostly nonproductive and gradually increasing shortness of breath. His primary care physician ordered a CT scan and began him on prednisone some improvement at 40 mg a day over several weeks. This was tapered and his symptoms recurred. His dyspnea on exertion is gradually worsened, but has not slowed his

Generated on 10/4/2016 10:20 AM

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Progress Notes (continued)

Edward Bert Knight III, MD at 6/28/2016 2:32 PM (continued)

exercise temps down. He eventually had an evaluation at St. Francis Hospital and underwent CT scanning and bronchoscopy. His records are available to review and CT scan was not consistent with IPF but more consistent with an SIEP for hypersensitivity pneumonitis. Patient according to the records from St. Frances was reluctant to repeat test prednisone. He has not had any exposure to medications or animal dander, but because of being an engineering technician. He has some metal fume exposure and various chemicals with his soldering. Does not appear that he has had a vacation from this exposure.

Recently the patient has had a cardiology evaluation including stress test and echocardiogram and does not show any evidence of ischemic disease or congestive heart failure.

Review of his medical records from Palmetto pulmonary and St. Frances are quite extensive, but I do not see any evidence of hypersensitivity pneumonitis precipitants, rheumatoid factor, ANA, etc.

Medications:

Non-Pulmonary Medications

aspirin (ECOTRIN) 81 mg EC tablet	
atorvastatin (LIPITOR) 40 mg tablet	
cholecalciferol, vitamin D3, 1,000 unit tablet	Take 1,000 Units by mouth daily.
CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL)	Take 2,500 mcg by mouth daily.
DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL)	Take 1,200 mg by mouth daily.
esomeprazole (NexIUM) 40 MG capsule	Take 40 mg by mouth 2 (two) times a day.
NITROSTAT 0.4 mg SL tablet	
ONETOUCH DELICA LANCETS 33 gauge	
ONETOUCH ULTRA TEST	
VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL)	Take by mouth daily.
fluticasone (FLONASE) 50 mcg/actuation nasal spray	
MAGNESIUM OXIDE (MAG-OXIDE ORAL)	Take 10 mL by mouth daily.

ROS

Review of Systems

Constitutional: Positive for unexpected weight change. Negative for fever and chills.

HENT: Negative for nosebleeds, postnasal drip and sinus pressure.

Respiratory: Positive for cough (white production) and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for nausea, vomiting and diarrhea.

Vitals

Filed Vitals:

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Progress Notes (continued)

Edward Bert Knight III, MD at 6/28/2016 2:32 PM (continued)

BP: 118/60
Pulse: 69
Temp: 98 °F (36.7 °C)
Resp: 16
SpO2: 98%

Height: 172.7 cm (5' 8")

Wt Readings from Last 3 Encounters:

06/28/16 71.251 kg (157 lb 1.3 oz)

12/17/15 74.844 kg (165 lb)

10/22/15 73.12 kg (161 lb 3.2 oz)

Body mass index is 23.89 kg/(m²).

Objective:

Physical Exam

Constitutional: He is active. No distress.

White male appearing his stated age or younger, in no acute distress

HENT:

Head: Normocephalic.

Nose: No mucosal edema or septal deviation.

Mouth/Throat: Oropharynx is clear and moist and mucous membranes are normal. Normal dentition.

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

Neck: Normal range of motion. Neck supple. No JVD present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds.

Pulmonary/Chest: Effort normal. No accessory muscle usage or stridor. No respiratory distress. He has no wheezes. He has no rales.

Is reveals relatively diffuse Velcro like rales.

Abdominal: Soft. Bowel sounds are normal. There is no hepatosplenomegaly. There is no tenderness.

Musculoskeletal: He exhibits no edema or tenderness.

I do not note any clubbing

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: He is alert.

Skin: Skin is warm and intact. No lesion and no rash noted. No cyanosis. Nails show no clubbing.

Nursing note and vitals reviewed.

PA and lateral views the chest were done in the office today and personally reviewed by me and revealed bilateral lower lobe changes appear fibrotic in nature.

In addition CT scans are reviewed and groundglass changes are noted that are mostly peripheral in the pattern, along with reticular changes. Not impressed by the evidence of stage fibrotic changes.

Lab Review:

Recent Results (from the past 36 hours)

6 MIN WALK TEST - OUTPATIENTS

Impression 6 minute walk is noted and patient was able to walk 87% of the

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Progress Notes (continued)

Edward Bert Knight III, MD at 6/28/2016 2:32 PM (continued)

*predicted distance. Oxygen saturation only reaching a low of 94%
maximum heart rate was 63% of predicted.*

Distance walked: 474 m (87)

LLN: 407 m

	Real	WALK
Sat	93 (RA)	91 (RA)
Supp O2		
HR	60	97 (63% pred)
BP	118/60	144/60
Dyspnea	0	3

	6/28/2016
FVC	3.33
% Pred	78
FEV1	2.61
% Pred	82
FEV1/FVC	78
FVC (post)	3.17
% Pred	74
FEV1 (post)	2.59
% Pred	81
FEV1/FVC (post)	82
TLC	4.35
% Pred	66
RV	1.02
% Pred	45
RV/TLC	23

Assessment/Plan:

ILD (interstitial lung disease)

Discussed in detail with the patient the likelihood of this interstitial disease process to be at least partially reversible and that a second prednisone trial is possible, but if successful, he would probably be on it for a number of months. Hopefully, a thorascopic obtained biopsy would give a definitive answer and in the interim, we will obtain laboratory data clearing sedimentation rate, rheumatoid factor, hypersensitivity pneumonitis precipitants and ANA.

He was referred to thoracic surgery consultation for possible thorascopic biopsy.

The patient's wife is to undergo a hip replacement in the next several weeks and he would like to defer an operation until after that is accomplished. Recent cardiology workup should make him low risk from a CV standpoint. I Cautioned him regarding the pain and discomfort and likely 5-7 day stay in the hospital.

Prior to his surgery, he is given a on appointment to follow-up see one of my colleagues, i.e., Dr. Vaughan, Treece, or Shamblin further discuss options and opinions.... And advised him of my departure from Pulmonary

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Enc. Date: 06/28/16

Progress Notes (continued)

Edward Bert Knight III, MD at 6/28/2016 2:32 PM (continued)

Disease Associates

Orders Placed This Encounter

- Sed Rate ESR
- Rheumatoid Factor Quantitative
- ANA w/ Reflex to Casc
- Hypersensitivity Pneumonitis Profile
- Ambulatory Referral to Multidisciplinary
- 6 Min Walk Test - Outpatients

FOLLOW UP:

Return in about 2 months (around 8/28/2016) for f/u with Vaughan/Shamblin/Treece in August prior to any surgery if any is scheduled..

Complete By:

Edward Bert Knight III, MD
6/28/2016

Electronically signed by Edward Bert Knight III, MD on 6/28/2016 5:53 PM

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

User	Date & Time
RYALS, JACQUELINE	6/28/2016 4:15 PM

Disposition:

Return in about 2 months (around 8/28/2016) for f/u with Vaughan/Shamblin/Treece in August prior to any surgery if any is scheduled..

Follow-up:

N/A

Instructions:

N/A

Check-out Note:

N/A

Send Reminder:

N/A

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Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
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Enc. Date: 08/23/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 8/23/2016 3:12 PM (continued)

Patient is holding all meds except Lipitor and Nexium

HPI~ Kenneth Dorsey Christian is a 66 y.o. male who presents today for pre-operative evaluation prior to VATs bx Friday 8/26/16. Pt reports no changes in his health since last visit which is summarized as SOB with inclines and stairs for the past 2 years. He is not limited with flat ground. He has chronic cough and congestions for longer than the SOB and gets thick clear jelly phlegm worse in the AM. He has no fevers and chills and occasional chest discomfort isolated from his SOB. He has CT showing peripheral ILD with thus far negative work-up including ANA, hypersensitivity panel, and prior bronchoscopy. +skin test to mold. He was previously tried on prednisone with great success, but wants a dx prior to restarting steroids. He is scheduled for VATs on Friday. He has not had any exacerbations and no abx in the past month. He is oxygenating well without any other complaint.

Medications

Current outpatient prescriptions:

- atorvastatin (LIPITOR) 40 mg tablet, Take 40 mg by mouth daily Indications: Hypercholesterolemia. , Disp: , Rfl:
- esomeprazole (NexIUM) 40 MG capsule, Take 40 mg by mouth 2 (two) times a day Indications: Heartburn. , Disp: , Rfl:
- aspirin (ECOTRIN) 81 mg EC tablet, Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention. , Disp: , Rfl:
- cholecalciferol, vitamin D3, 1,000 unit tablet, Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency. , Disp: , Rfl:
- CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL), Take 1,000 mcg by mouth daily. , Disp: , Rfl:
- DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL), Take 1,200 mg by mouth daily., Disp: , Rfl:
- fluticasone (FLONASE) 50 mcg/actuation nasal spray, , Disp: , Rfl: 3
- MAGNESIUM OXIDE (MAG-OXIDE ORAL), Take 10 mL by mouth daily., Disp: , Rfl:
- NITROSTAT 0.4 mg SL tablet, 0.4 mg every 5 (five) minutes as needed. , Disp: , Rfl: 99
- ONETOUCH DELICA LANCETS 33 gauge, , Disp: , Rfl: 3
- ONETOUCH ULTRA TEST, , Disp: , Rfl: 3
- VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL), Take 1 tablet by mouth daily. , Disp: , Rfl:

Past Medical History

- HLD (hyperlipidemia)
- Stented coronary artery 2002
no problems since
- Coronary artery disease
MI (no damage to heart) 2002 w/ stent
- Other PULMONARY Hx
CT of chest on EPIC from 8/10/16; 6 minute walk test on EPIC from 6/28/16
- Other PULMONARY Hx
SOB on exertion

Past Surgical History

- Colonoscopy 2007; 2016
scattered diverticula, sm int hemorrhoids-Dr. Rinkliff

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Progress Notes (continued)

Justin Wayne Gregg, MD at 8/23/2016 3:12 PM (continued)

Sinus surgery

2005

Social History

Social History

- Marital Status: Married
- Spouse Name: N/A
- Number of Children: N/A
- Years of Education: N/A

Occupational History

- Not on file.

Social History - Tobacco/Alcohol

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Yes
Comment: rarely
- Drug Use: Not on file
- Sexual Activity: Not on file

Medical History

- Not on file

Social History - Review

Family History

Problem	Relation	Age at Onset
• Cancer	Mother	
• Lung cancer	Father	
• Cancer	Brother	

ROS

Review of Systems

Constitutional: Negative for fever, chills, appetite change and unexpected weight change.
HENT: Negative for nosebleeds, postnasal drip, sinus pressure, sore throat and trouble swallowing.
Eyes: Negative for visual disturbance.
Respiratory: Positive for shortness of breath. Negative for cough and wheezing.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for nausea, vomiting, diarrhea and constipation.
Endocrine: Negative for cold intolerance, heat intolerance and polyuria.
Genitourinary: Negative for dysuria and hematuria.
Neurological: Negative for syncope and headaches.
Psychiatric/Behavioral: Negative for sleep disturbance. The patient is not nervous/anxious.
All other systems reviewed and are negative.

Otherwise, 13-pt ROS is negative except per HPI.

Physical Exam

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Progress Notes (continued)

Justin Wayne Gregg, MD at 8/23/2016 3:12 PM (continued)

Filed Vitals:

BP: 102/60
Pulse: 73
Temp: 98.3 °F (36.8 °C)
Resp: 16
SpO2: 97%

Body mass index is 23.47 kg/(m²).

Physical Exam

Constitutional: He is active. No distress.

HENT:

Head: Normocephalic.

Nose: No mucosal edema or septal deviation.

Mouth/Throat: Oropharynx is clear and moist and mucous membranes are normal. Normal dentition.

Eyes: Pupils are equal, round, and reactive to light. Right eye exhibits normal extraocular motion. Left eye exhibits normal extraocular motion.

Neck: Neck supple. No JVD present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal. No accessory muscle usage or stridor. No respiratory distress. He has no wheezes. He has rales (1/5 of thorax on left, 1/3 of thorax on right (lower lung fields)).

Abdominal: Soft. Bowel sounds are normal. There is no hepatosplenomegaly. There is no tenderness.

Musculoskeletal: Normal range of motion. He exhibits no edema or tenderness.

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: He is alert.

Skin: Skin is intact. No lesion and no rash noted. No cyanosis. Nails show no clubbing.

Labs Reviewed~

Lab Results

Test	Value	Date
GLUCOSE	122*	08/18/2016
CALCIUM	9.0	08/18/2016
NA	141	08/18/2016
K	4.0	08/18/2016
CO2	25	08/18/2016
CL	107	08/18/2016
BUN	9	08/18/2016
CREATININE	1.15	08/18/2016

Lab Results

Test	Value	Date
WBC	6.8	08/18/2016
HGB	12.9*	08/18/2016
HCT	38.0*	08/18/2016
MCV	94.3	08/18/2016

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Progress Notes (continued)

Justin Wayne Gregg, MD at 8/23/2016 3:12 PM (continued)

PLT

193

08/18/2016

Imaging Reviewed~

CT 8/10/16: peripherally based reticular GGO worse at bases but present in all lobes

PFT~

FVC	3.33
% Pred	78
FEV1	2.61
% Pred	82
FEV1/FVC	78
FVC (post)	3.17
% Pred	74
FEV1 (post)	2.59
% Pred	81
FEV1/FVC (post)	82
TLC	4.35
% Pred	66
RV	1.02
% Pred	45
RV/TLC	23

Mild to moderate restrictive defect

ASSESSMENT/PLAN

Preop examination

Pt appears very stable and is functioning well with his ILD. His biggest risk factor for pulmonary complication is due to the very nature of the thoracic procedure rather than pt's overall wellbeing. Studies show 2% of ILD flares with VATs procedures and it sounds like pt responds extremely well to steroids. By ARISCAT, he would be an intermediate risk (13%) of post-op pulmonary complications. By Arozullah, he again would be intermediate with 4.2% chance of respiratory failure following the procedure.

Rec:

1. No immediate further testing
2. Supplemental O2 as needed to keep O2 >90%
3. Pulmonary toilet/incentive spirometry/early ambulation/dvt proph
4. RTC 2 weeks

ILD (interstitial lung disease)

I suspect CEP based off CT findings, peripheral eos of 9%, and BAL of 26% eos on 12/2015. Pt also had prompt response to steroids. Other in differential would be COP. Normally lung bx is not needed for dx for CEP; however, pt wants to know definitely with a bx based off of prior recommendations.

1. Continue with VATs and likely therapy will be prednisone .

Justin Wayne Gregg, MD

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Progress Notes (continued)

Progress Notes by Justin Wayne Gregg, MD at 8/23/2016 3:12 PM (continued)

HPI~ Kenneth Dorsey Christian is a 66 y.o. male who presents today for pre-operative evaluation prior to VATs bx Friday 8/26/16. Pt reports no changes in his health since last visit which is summarized as SOB with inclines and stairs for the past 2 years. He is not limited with flat ground. He has chronic cough and congestions for longer than the SOB and gets thick clear jelly phlegm worse in the AM. He has no fevers and chills and occasional chest discomfort isolated from his SOB. He has CT showing peripheral ILD with thus far negative work-up including ANA, hypersensitivity panel, and prior bronchoscopy. +skin test to mold. He was previously tried on prednisone with great success, but wants a dx prior to restarting steroids. He is scheduled for VATs on Friday. He has not had any exacerbations and no abx in the past month. He is oxygenating well without any other complaint.

Medications

Current outpatient prescriptions:

- atorvastatin (LIPITOR) 40 mg tablet, Take 40 mg by mouth daily Indications: Hypercholesterolemia. , Disp: , Rfl:
- esomeprazole (NexIUM) 40 MG capsule, Take 40 mg by mouth 2 (two) times a day Indications: Heartburn. , Disp: , Rfl:
- aspirin (ECOTRIN) 81 mg EC tablet, Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention. , Disp: , Rfl:
- cholecalciferol, vitamin D3, 1,000 unit tablet, Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency. , Disp: , Rfl:
- CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL), Take 1,000 mcg by mouth daily. , Disp: , Rfl:
- DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL), Take 1,200 mg by mouth daily., Disp: , Rfl:
- fluticasone (FLONASE) 50 mcg/actuation nasal spray, , Disp: , Rfl: 3
- MAGNESIUM OXIDE (MAG-OXIDE ORAL), Take 10 mL by mouth daily., Disp: , Rfl:
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Past Medical History

Diagnosis	Date
• HLD (hyperlipidemia)	
• Stented coronary artery	2002
<i>no problems since</i>	
• Coronary artery disease	
<i>MI (no damage to heart) 2002 w/ stent</i>	
• Other PULMONARY Hx	
<i>CT of chest on EPIC from 8/10/16; 6 minute walk test on EPIC from 6/28/16</i>	
• Other PULMONARY Hx	
<i>SOB on exertion</i>	

Past Surgical History

Procedure	Locality	Date
• Colonoscopy		2007; 2016
<i>scattered diverticula, sm int hemorrhoids-Dr. Rinkliff</i>		
• Sinus surgery		2005

Social History

Generated by OJT15B at 3/28/17 3:56 PM

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PULMONOLOGY-LUNG CTR
200 PATEWOOD DR STE B-300
GREENVILLE SC 29615-6338

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 08/23/16

Progress Notes (continued)

Progress Notes by Justin Wayne Gregg, MD at 8/23/2016 3:12 PM (continued)

Social History

- Marital Status: Married
- Spouse Name: N/A
- Number of Children: N/A
- Years of Education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Yes
Comment: rarely
- Drug Use: Not on file
- Sexual Activity: Not on file

Chief Complaint

- Not on file

Social History Narrative

Family History

- | Problem | Relation | Age of Onset |
|---------------|----------|--------------|
| • Cancer | Mother | |
| • Lung cancer | Father | |
| • Cancer | Brother | |

ROS

Review of Systems

Constitutional: Negative for fever, chills, appetite change and unexpected weight change.

HENT: Negative for nosebleeds, postnasal drip, sinus pressure, sore throat and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Positive for shortness of breath. Negative for cough and wheezing.

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

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

Endocrine: Negative for cold intolerance, heat intolerance and polyuria.

Genitourinary: Negative for dysuria and hematuria.

Neurological: Negative for syncope and headaches.

Psychiatric/Behavioral: Negative for sleep disturbance. The patient is not nervous/anxious.

All other systems reviewed and are negative.

Otherwise, 13-pt ROS is negative except per HPI.

Physical Exam

Filed Vitals:

BP: 102/60

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Progress Notes (continued)

Progress Notes by Justin Wayne Gregg, MD at 8/23/2016 3:12 PM (continued)

Pulse: 73
Temp: 98.3 °F (36.8 °C)
Resp: 16
SpO2: 97%

Body mass index is 23.47 kg/(m²).

Physical Exam

Constitutional: He is active. No distress.

HENT:

Head: Normocephalic.

Nose: No mucosal edema or septal deviation.

Mouth/Throat: Oropharynx is clear and moist and mucous membranes are normal. Normal dentition.

Eyes: Pupils are equal, round, and reactive to light. Right eye exhibits normal extraocular motion. Left eye exhibits normal extraocular motion.

Neck: Neck supple. No JVD present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal. No accessory muscle usage or stridor. No respiratory distress. He has no wheezes. He has rales (1/5 of thorax on left, 1/3 of thorax on right (lower lung fields)).

Abdominal: Soft. Bowel sounds are normal. There is no hepatosplenomegaly. There is no tenderness.

Musculoskeletal: Normal range of motion. He exhibits no edema or tenderness.

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: He is alert.

Skin: Skin is intact. No lesion and no rash noted. No cyanosis. Nails show no clubbing.

Labs Reviewed~

Lab Results

Component	Value	Date
GLUCOSE	122*	08/18/2016
CALCIUM	9.0	08/18/2016
NA	141	08/18/2016
K	4.0	08/18/2016
CO2	25	08/18/2016
CL	107	08/18/2016
BUN	9	08/18/2016
CREATININE	1.15	08/18/2016

Lab Results

Component	Value	Date
WBC	6.8	08/18/2016
HGB	12.9*	08/18/2016
HCT	38.0*	08/18/2016
MCV	94.3	08/18/2016
PLT	193	08/18/2016

PULMONOLOGY-LUNG CTR
200 PATEWOOD DR STE B-300
GREENVILLE SC 29615-6338

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
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Progress Notes (continued)

Progress Notes by Justin Wayne Gregg, MD at 8/23/2016 3:12 PM (continued)

Imaging Reviewed~

CT 8/10/16: peripherally based reticular GGO worse at bases but present in all lobes

PFT~

FVC	3.33
% Pred	78
FEV1	2.61
% Pred	82
FEV1/FVC	78
FVC (post)	3.17
% Pred	74
FEV1 (post)	2.59
% Pred	81
FEV1/FVC (post)	82
TLC	4.35
% Pred	66
RV	1.02
% Pred	45
RV/TLC	23

Mild to moderate restrictive defect

ASSESSMENT/PLAN

Preop examination

Pt appears very stable and is functioning well with his ILD. His biggest risk factor for pulmonary complication is due to the very nature of the thoracic procedure rather than pt's overall wellbeing. Studies show 2% of ILD flares with VATs procedures and it sounds like pt responds extremely well to steroids. By ARISCAT, he would be an intermediate risk (13%) of post-op pulmonary complications. By Arozullah, he again would be intermediate with 4.2% chance of respiratory failure following the procedure.

Rec:

1. No immediate further testing
2. Supplemental O2 as needed to keep O2 >90%
3. Pulmonary toilet/incentive spirometry/early ambulation/dvt proph
4. RTC 2 weeks

ILD (interstitial lung disease)

I suspect CEP based off CT findings, peripheral eos of 9%, and BAL of 26% eos on 12/2015. Pt also had prompt response to steroids. Other in differential would be COP. Normally lung bx is not needed for dx for CEP; however, pt wants to know definitely with a bx based off of prior recommendations.

1. Continue with VATs and likely therapy will be prednisone .

Justin Wayne Gregg, MD

Electronically Signed by Justin Wayne Gregg, MD on 8/23/2016 6:59 PM



GHS LABORATORIES
 701 Grove Road
 Greenville, SC 29605
 Tel:(864)455-7735 Fax:(864)455-8926
 Jesse R Stafford, MD, Director of Laboratories

PATHOLOGY EXAMINATIONACCESSION # **M16-21799**

PATIENT NAME:	CHRISTIAN, KENNETH D.		COLLECTED:	8/26/2016
MED. REC. #:	970179298	CLIENT:	GREENVILLE MEMORIAL HOSPITAL.	RECEIVED: 8/28/2016
SOC. SEC. #:	260-84-1468	PHYSICIAN:	WILLIAM D BOLTON, MD	REPORTED: 8/30/2016
GENDER:	M DOB: 8/13/1950	ADDITIONAL:	NO ADDITIONAL PHYSICIANS	LOCATION: 084D
ACCOUNT #:	1000035765276	COPY TO/NOTES:		ROOM/BED: 44134413AM

Page 1 of 4

SPECIMEN(S) RECEIVED:

- A: Right upper lobe wedge
- B: Right middle lobe wedge
- C: Right lower lobe wedge
- D: Right lower lobe wedge #2

CLINICAL DATA/HISTORY:

Interstitial lung disease.

FINAL PATHOLOGIC DIAGNOSIS:**A. RIGHT UPPER LOBE WEDGE:**

- IRREGULAR MODERATELY ADVANCED INTERSTITIAL FIBROSIS WITH UIP PATTERN AND MINUTE GRANULOMATA. FAVOR CHRONIC HYPERSENSITIVITY PNEUMONITIS, POSSIBLY DUE TO SOLDER FUME EXPOSURE. SEE COMMENT.
- UNRELATED ANCIENT SUBPLEURAL APICAL FIBROUS CAP.

B. RIGHT MIDDLE LOBE WEDGE:

- IRREGULAR MODERATELY ADVANCED INTERSTITIAL FIBROSIS WITH UIP PATTERN AND MINUTE GRANULOMATA. FAVOR CHRONIC HYPERSENSITIVITY PNEUMONITIS, SEE COMMENT.

C. RIGHT LOWER LOBE WEDGE:

- IRREGULAR MODERATELY TO MARKEDLY ADVANCED INTERSTITIAL FIBROSIS WITH UIP PATTERN AND MINUTE GRANULOMATA. FAVOR CHRONIC HYPERSENSITIVITY PNEUMONITIS, SEE COMMENT.

D. RIGHT LOWER LOBE WEDGE #2:

- IRREGULAR MODERATELY TO MARKEDLY ADVANCED INTERSTITIAL FIBROSIS WITH UIP PATTERN AND MINUTE GRANULOMATA. FAVOR CHRONIC HYPERSENSITIVITY PNEUMONITIS, SEE COMMENT.

COMMENT:

The multiple wedge biopsy samples show an advanced interstitial fibrotic process, with UIP pattern features of patchy spatially and temporally variable fibrosis, with areas of honeycombing. The association with minute, poorly formed granulomata is highly suggestive of a chronic hypersensitivity pneumonitis, which in advanced stages may have a UIP pattern. Clinical correlation, particularly history of possible exposure to inhaled antigens, is recommended.

Review of the patient's history shows no known exposure to animal dander or other organic antigens, and hypersensitivity precipitins have been negative. The patient is an electronics technician who has had frequent exposure to solder fumes, which has been reported as a rare cause of hypersensitivity pneumonitis.

Slides are sent for outside expert consultation to Dr. William Travis, MSK, NYC, with addendum and/or amended report to follow.

ELECTRONICALLY SIGNED OUT
 Jackson H. McCarter, MD

atf/8/29/2016

CHRISTIAN, KENNETH D.
970179298

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M16-21799
Page 2 of 4

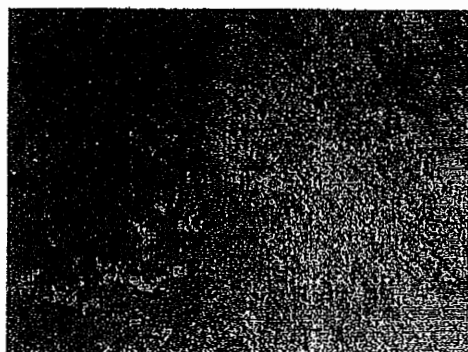


Image #1

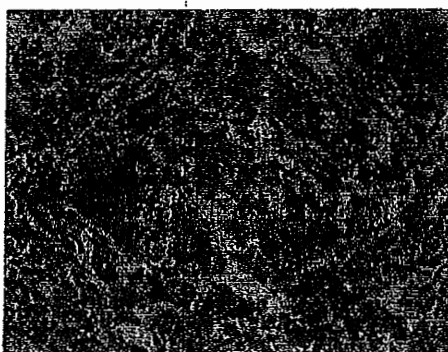


Image #2

GROSS DESCRIPTION:

CHRISTIAN –

A. Right upper lobe wedge: Received in formalin labeled as, "right upper lobe wedge, Kenneth Christian," is a 26-gram, 5 x 3.5 x 2.5 cm irregular wedge of lung tissue. The pleural surface is pink-red, fibrinous with multiple adhesions. The staple lines are removed and the resection margins are inked blue. The specimen is serially sectioned to reveal a tan-red, mildly hemorrhagic, soft cut surface with multiple areas of apparent dilated air spaces. No distinct masses are grossly noted within the parenchyma. Representative sections of the specimen to include the resection margin are submitted in blocks A1-A3.

B. Right middle lobe wedge: Received in a single formalin-filled container labeled with, "right middle lobe wedge, Kenneth Christian," is a 5-gram, 4 x 3 x 1 cm wedge of lung tissue. The pleural surface is pink-red, mildly disrupted but otherwise smooth. Sectioning reveals a pink-red, soft cut surface. No grossly identifiable lesions are found within the specimen. Representative sections are submitted in blocks B1-B3.

C. Right lower lobe wedge: Received in formalin labeled as, "right lower lobe wedge, Kenneth Christian," is a 13-gram, 6 x 2.5 x 1.7 cm wedge of lung tissue. The pleural surface is pink-tan, smooth with mild anthracosis. The staple line is removed and the resection margin is inked blue. Sectioning reveals a pink-red, soft cut surface which appears to be mildly disrupted with multiple visible thickened alveolar septae. Representative sections of the specimen are submitted in blocks C1-C3.

D. Right lower lobe wedge #2: Received in formalin labeled as, "right lower lobe wedge #2, Kenneth Christian," is a 4-gram, 4 x 1.7 x 0.4 cm wedge of lung tissue. The pleural surface is pink-tan, mildly indurated but smooth. The staple line is removed and the resection margin is inked blue. The specimen is serially sectioned to reveal a pink-tan, indurated cut surface. No lesions are grossly noted. The specimen is submitted entirely in blocks D1-D3. JEB/kvh

kh1/8/28/2016

MICROSCOPIC DESCRIPTION:

A. These are sections of pleural surface lung parenchyma. Block A1 shows a nonspecific subpleural hypocellular collagenous scar, probably not related to the interstitial disease seen in other sections. A2 and A3 show irregular, patchy areas of interstitial fibrosis involving about 50% of the parenchyma with intervening areas of uninvolved lung parenchyma showing mild emphysematous changes without fibrosis. The interstitial fibrosis shows variable degrees of cellularity including older, hypocellular fibrous tissue as well as fibrous tissue with fibroblastic proliferation. There are small numbers of plasma cells and lymphocytes within the interstitial fibrosis. Scattered minute poorly formed epithelioid/giant cell granulomata, some with inclusions, are present. Scattered foci of pale basophilic mucus are within air spaces in the fibrotic areas. There are foci of associated bronchioalveolar hyperplasia.

B. These are portions of pleural surface lung parenchyma with irregular, patchy foci of interstitial fibrosis involving about 20% of the sample with intervening nonfibrotic parenchyma. Within the areas of interstitial fibrosis there are small numbers of plasma cells and lymphocytes with a few scattered eosinophils. A few scattered small poorly formed granulomata are seen. Inter-alveolar macrophages are increased focally and there are scattered foci of fibroblastic fibrosis.

C. This is lung parenchyma also showing irregular, patchy areas of marked interstitial fibrosis with intervening uninvolved alveoli. The fibrosis involves over 60% of the air spaces and contains areas of active fibroblastic fibrosis as well as other areas of more hypocellular fibrosis. There are prominent associated areas of bronchioalveolar hyperplasia with mucus lakes within air spaces with a honeycomb pattern. There are small to moderate numbers of plasma cells and lymphocytes with small numbers of intermingled eosinophils focally. Only a

CHRISTIAN, KENNETH D.
970179298

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M16-21799
Page 3 of 4

few small scattered poorly formed granulomata are seen within the interstitial fibrosis. A few foci of fibroblastic proliferation suggestive of bronchiolitis obliterans pattern are present.

D. These are portions of lung parenchyma with advanced honeycomb pattern interstitial fibrosis involving over 70% of the sample with similar features of mucus lakes, prominent bronchioalveolar epithelial hyperplasia, and mild focal plasmacytic and lymphocytic infiltration with small numbers of eosinophils. Only a few minute suggestions of poorly formed granulomata are seen in this sample. JHMc/att

Special stains: Block A3: No acid fast bacilli or fungi are identified on Acid Fast and GMS stains, with appropriate control staining. Masson's trichrome stain shows both collagenous fibrosis and active fibroblastic areas; control stains appropriately.

**PROCEDURE/ADDENDUM:
ADDENDUM**

Date Entered: 8/30/2016 **Status:** Signed Out
Date Complete: 8/30/2016 **By:** ktb
Date Reported: 9/9/2016

ADDENDUM DIAGNOSIS:

ADDENDUM COMMENT:

8/30/16, pending outside consultation from Dr. William Travis, Memorial Sloan Kettering. /kb

Case sent in consultation to Dr. William Travis, Memorial Sloan Kettering, see report (S16-46617) attached.
/tw

Jackson H. McCarter, MD

CHRISTIAN, KENNETH D.
970179298

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M16-21799
Page 4 of 4



Memorial Sloan Kettering
Cancer Center

Re: CHRISTIAN, KENNETH D
Age: 66 Sex: M

1: RIGHT UPPER LOBE WEDGE PT A, RIGHT
MIDDLE LOBE WEDGE PT B, RIGHT LOWER LOBE
WEDGE PT C AND D. 18 STAINED SLIDES LABELED
M16-21799 RECEIVED FROM PATHOLOGY
ASSOCIATES OF GREENVILLE. (NJ)

MR#: S16-46617

Jackson McCarter
McCarter, Jackson H. M.D.
Pathology Associates of Greenville
8 Memorial Medical Court
Greenville, SC 29605
Tel: 864-455-7735
Fax: 864-455-8926

MSK # S16-46617 (WD116-565) Lung, right upper, middle and lower lobes, resections (M16-21799): Fibrosing and cellular interstitial pneumonia with patchy organizing pneumonia, granulomas and focal usual interstitial pneumonia pattern.

66M electronic technician with interstitial lung disease. He has not had any exposure to medications of animal dander, but because of being a engineering technician, he has some metal fume exposure and various chemicals with his soldering. Negative ANA, hypersensitivity panel. Positive skin test to mold. Tried on prednisone with great success. Never smoker.

Dear Dr. McCarter,

This letter confirms our telephone conversation on September 7th, 2016. We agree with your consideration of favor chronic hypersensitivity pneumonitis. Sections show bronchiolocentric fibrosis with a cellular acute and chronic inflammatory infiltrate with eosinophils. Patchy organizing pneumonia, reactive type II pneumocytes and noncaseating granulomas are seen. The right lower lobe shows more extensive fibrosis with bronchiolar metaplasia. Special stains were reviewed. Fungal and mycobacteria were not identified on GMS and AFB stains. Masson's trichrome stain shows performed in the right upper lobe shows mild interstitial fibrosis.

Per report, CT showed (8-10-16) diffuse chronic bilateral interstitial lung disease with increased lung density in the lower lung fields especially the dependent or posterior aspects of the lower lobes.

In summary the resections show a fibrosing and cellular interstitial pneumonia with patchy organizing pneumonia, granulomas and focal usual interstitial pneumonia pattern. This raises the consideration of hypersensitivity pneumonitis (HP). Although the lower lobe shows more extensive fibrosis and bronchiolar metaplasia consistent with focal honeycombing or focal usual interstitial pneumonia pattern, the lesion is quite cellular and shows traction bronchiectasis supportive of hypersensitivity pneumonitis. Collagen vascular disease (CVD) or other inhalational small airway injury must be considered. It would be of interest to know the results of the rheumatologic serology/studies. Radiologic-pathologic correlation is of considerable importance. If you can send a high resolution CT in digital DICOM format on a CD with an expiratory study we will be happy to reevaluate the case. Thank you for sharing this interesting case with us.

Sincerely yours,

William D. Travis, M.D.

Electronic Signature

William D. Travis, M.D.

Attending Thoracic Pathologist

travisw@mskcc.org; Tel: 212-639-3325; Fax: 212-717-3576

1275 York Avenue, New York, NY 10068
www.mskcc.org

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1/1 : 62 21:20 16-00-68

MSKCC

fax sent by : 6464222816

Image #1 Consult

GMH CV MONITORED SURG
701 Grove Road
GREENVILLE SC 29605-5611

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Acct #: 800001027330
Adm: 8/26/2016 Disch: 8/29/2016

Discharge Summary (continued)

Discharge Summaries by Joseph Spears Tingen, MD at 8/29/2016 5:37 PM (continued)



GREENVILLE HEALTH SYSTEM

Thoracic Surgery Attending

The patient was seen and examined with the resident on 8/30/2016. The pertinent physical exam was performed. I discussed the assessment and plan of care with the resident. I agree with the note as written.

William David Bolton, MD

Inpatient Discharge Summary Thoracic Surgery Discharge Summary

Admitting Provider: William David Bolton, MD
Discharge Provider: William David Bolton, MD
Primary Care Physician at Discharge: W. Richard Kemmerlin, MD
Consulting Provider: IP CONSULT TO PHARMACY FOR DISCHARGE MED REC

Admission Date: 8/26/2016 Discharge Date: 8/29/2016

Reason for Admission: Interstitial lung disease

Discharge Diagnosis: Lung Biopsy results pending

Operative Procedures Performed

Procedure(s):

THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL **RIGHT VATS WEDGE **

Outpatient Follow-Up

Future Appointments

Date	Time	Provider	Department	Center
9/6/2016	3:00 PM	Justin Wayne Gregg, MD	PULM-LUNG CT	PTWD CENTERS
9/7/2016	10:30 AM	William David Bolton, MD	MDC	W. FARIS CTR

Presenting Problem/History of Present Illness/Hospital Course

GMH CV MONITORED SURG
701 Grove Road
GREENVILLE SC 29605-6611

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
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Adm: 8/26/2016 Disch: 8/29/2016

Discharge Summary (continued)

Discharge Summaries by Joseph Spears Tingen, MD at 8/29/2016 5:37 PM (continued)

Kenneth Dorsey Christian is a 66 y.o. male who presented 8/26 for right lung biopsy with concern for interstitial lung disease due to chronic cough. Right VATS was uncomplicated and patient recovered well. He is voiding with normal bowel function, his pain is well controlled on po pain medication and he is ambulating without difficulty. Patient chest tube removed today and post pull cxr shows no pneumothorax or complication. Patient feeling well and pulling 1300 on IS and states he is ready for discharge. Patient to return with fevers, dyspnea, chest pain or other concerning signs or symptoms. DC with Rx for oxycodone 5mg prn, zofran 4mg prn, albuterol prn and colace 100mg bid. Follow up with Dr. Bolton in 1-2 weeks for post op check and review of pathology.

Patient and family were given instructions regarding incision care, diet, activity and medications and verbalized understanding. He was discharged to home on his 3 Days Post-Op in stable condition. Patient was discharged with prescriptions, follow up appointment information and numbers to contact should the need arise.

Discharge Disposition

Discharge Status

Discharge Medications:

Medication List

START taking these medications

albuterol 90 mcg/actuation inhaler

Commonly known as: VENTOLIN HFA, PROAIR HFA

Inhale 2 puffs every 6 (six) hours as needed for wheezing.

docusate sodium 100 mg capsule

Commonly known as: COLACE

Take 1 capsule (100 mg) 2 (two) times a day.

ondansetron 4 mg disintegrating tablet

Commonly known as: ZOFRAN ODT

Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting.

oxyCODONE 5 mg immediate release tablet

Commonly known as: ROXICODONE

Take 1 tablet (5 mg) by mouth every 6 (six) hours as needed for moderate pain. Max Daily Amount: 20 mg

CONTINUE taking these medications

aspirin 81 mg EC tablet

Commonly known as: ECOTRIN

atorvastatin 40 mg tablet

Commonly known as: LIPITOR

cholecalciferol (vitamin D3) 1,000 unit tablet

esomeprazole 40 MG capsule

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Discharge Summary (continued)

Discharge Summaries by Joseph Spears Tingen, MD at 8/29/2016 5:37 PM (continued)

Commonly known as: NexlUM

FISH OIL ORAL

NITROSTAT 0.4 mg SL tablet

Generic drug: nitroglycerin

ONETOUCH DELICA LANCETS 33 gauge

Generic drug: lancets

ONETOUCH ULTRA TEST

Generic drug: blood sugar diagnostic

SUPER B COMPLEX + C ORAL

VITAMIN B-12 ORAL

ASK your doctor about these medications

MAG-OXIDE ORAL

Where to Get Your Medications

Information on where to get these meds is not yet available. Ask your nurse or doctor.

- albuterol 90 mcg/actuation inhaler
- docusate sodium 100 mg capsule
- ondansetron 4 mg disintegrating tablet
- oxyCODONE 5 mg immediate release tablet

Physical Exam at Discharge

Discharge Condition: good

Special Discharge Instructions

Please do not lift anything heavier than 10 lbs. Please do not abruptly stop your pain medication. If you are going to stop taking it, please call the thoracic surgery team several days before you run out of narcotic analgesics. Remove dressings at 48 hours, call for signs or symptoms of wound infection, such as severe redness or pus. You may shower after the dressings are off, but do not immerse wounds in bath for two weeks or at all if they are draining or open. For questions, please call the thoracic surgery answering service 864-455-1200, 24/7. Please schedule a follow up appointment at the office in 2 weeks.

I would like to thank Kenneth Dorsey Christian, and his primary care provider, W. Richard Kemmerlin, MD, for allowing the Thoracic Surgery Service to take care of this very pleasant patient during this admission. If we can be of any further assistance please do not hesitate to contact us.

CC: W. Richard Kemmerlin, MD

Electronically signed by:

GMH CV MONITORED SURG
701 Grove Road
GREENVILLE SC 29605-5611

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
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Discharge Summary (continued)

Discharge Summaries by Joseph Spears Tingen, MD at 8/29/2016 5:37 PM (continued)

Joseph Spears Tingen, MD
8/29/2016

Electronically Signed by William David Bolton, MD on 8/30/2016 1:19 PM

ED Notes

No notes of this type exist for this encounter.

Final Diagnoses (ICD-10-CM)

Principal	Code	Name	POA	CC	HAC	Affects
[P]	J84.9	Interstitial pulmonary disease, unspecified	Yes	No		Yes
	E78.5	Hyperlipidemia, unspecified	Yes	No		No
	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	Yes	No		No
	Z95.5	Presence of coronary angioplasty implant and graft	Exempt from POA reporting	No		No

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
08/29/2016 6:30 PM	Home Or Self Care	None	None	Gmh Cv Monitored Surg

History & Physicals

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

OR Op Notes

OR PostOp by Pamela Nash Rice, RN at 8/26/2016 3:51 PM

SBAR report to Gail K. For shift relief

Op Note by William David Bolton, MD at 8/26/2016 1:42 PM

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701 Grove Road
GREENVILLE SC 29605-5611

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Acct #: 800001027330
Adm: 8/26/2016 Disch: 8/29/2016

OR Op Notes (continued)

Op Note by William David Bolton, MD at 8/26/2016 1:42 PM (continued)

Thoracic Surgery Operative Note

Admit Service: Thoracic Surgery

Name: Kenneth Dorsey Christian MRN: 970179298
DOB: 8/13/1950 Bed/room: GMH Pool Bed/GMH Pool Be*
Date: 8/26/2016 Time: 1:42 PM

Pre-Operative Diagnosis

Interstitial lung disease [J84.9]

Post-operative Diagnosis

Same

Procedure

1. VATS right RUL/RML/RLL wedge resection x 2

Surgeon

Primary: William David Bolton, MD
Resident - Assisting: Sean P McGrath, MD

OR Staff

Circulator: Katherine Sickinger Sessions, RN; Rachel Martin, RN
Scrub Tech: Lawanda K Westbrooks

Anesthesia Type

General

Anesthesiologist

CRNA: Steven Heath Cobb, CRNA

Estimated Blood Loss

50 mL

Specimens

ID	Type	Source	Tests	Collected by	Time	Destination
1 : RIGHT UPPER LOBE WEDGE	Tissue	Lung, Right Upper Lobe	SURGICAL PATHOLOGY EXAM	William David Bolton, MD	8/26/2016 1307	
2 : RIGHT MIDDLE LOBE	Tissue	Lung, Right	SURGICAL PATHOLOGY EXAM	William David	8/26/2016 1312	

GMH CV MONITORED SURG
701 Grove Road
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DOB: 8/13/1950, Sex: M
Acct #: 800001027330
Adm: 8/26/2016 Disch: 8/29/2016

OR Op Notes (continued)

Op Note by William David Bolton, MD at 8/26/2016 1:42 PM (continued)

WEDGE		Middle Lobe		Bolton, MD		
3 : RIGHT LOWER LOBE WEDGE	Tissue	Lung, Right Lower Lobe	SURGICAL PATHOLOGY EXAM	William David Bolton, MD	8/26/2016 1331	
4 : RIGHT LOWER LOBE WEDGE #2	Tissue	Lung, Right Lower Lobe	SURGICAL PATHOLOGY EXAM	William David Bolton, MD	8/26/2016 1334	
A : RIGHT LUNG TISSUE FOR CULTURE, GRAM STAIN, ANAEROBES, AFB, FUNGAL	Tissue	Lung	GRAM STAIN, AEROBIC CULTURE (INCLUDES GRAM STAIN), WOUND/EXUDATE, ANAEROBIC CULTURE, MISCELLANEOUS, AFB CULTURE (INCLUDES AFB SMEAR), MISCELLANEOUS, FUNGAL CULTURE, SURGICAL/TISSUE	William David Bolton, MD	8/26/2016 1309	

Findings

Small amount of adhesions, abnormal appearing lung, worse in the lower lobe

Indications for Procedure

The patient was found to have interstitial lung disease. He was recommended for a VATS, lung biopsy. The patient was found to be a safe surgical candidate. he was counseled, consented, and scheduled, and he presents today for that procedure.

Description of Procedure

The patient was brought to the operating room and after adequate IV and inhalation anesthetic the patient was intubated with a double lumen ETT.

We then positioned the patient in the right side up, lateral decubitus position. The patient was then prepped and draped in standard sterile surgical fashion. Quarter percent sensorcaine was used for local on the chest wall for all port sites. A 15 blade scalpel was then used to make a 1 cm incision port site in the 6th intercostal space in the anterior axillary line and blunt was then used to dissect down into the pleural space. A port was placed and then we placed a 5 mm port in the eighth intercostal space in the midaxillary line. We then moved the camera to this location. We then placed a 10 mm port in the 5th intercostal space in the midaxillary line.

Upon entry we encountered a mild amount of adhesions and these were taken down using blunt and sharp and

GMH CV MONITORED SURG
701 Grove Road
GREENVILLE SC 29605-5611

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Acct #: 800001027330
Adm: 8/26/2016 Disch: 8/29/2016

OR Op Notes (continued)

Op Note by William David Bolton, MD at 8/26/2016 1:42 PM (continued)

electrocautery dissection. This took 10 minutes.

We then inspected the lung and found the thickened/abnormal lung in the RUL. We then did a wedge resection of the RUL abnormal lung using an Endo GIA stapler with purple loads. The wedge resection was then removed using an endocatch bag. The specimen was then sent for permanent pathology and was sent for culture.

We then inspected the lung and found the thickened/abnormal lung in the RML. We then did a wedge resection of the RML abnormal lung using an Endo GIA stapler with purple loads. The wedge resection was then removed using an endocatch bag. The specimen was then sent for permanent pathology and was sent for culture.

We then inspected the lung and found the thickened/abnormal lung in the RLL. We then did a wedge resection x 2 of the RLL abnormal lung using an Endo GIA stapler with black loads. The wedge resection was then removed using an endocatch bag. The specimen was then sent for permanent pathology and was sent for culture.

Once we had completed this dissection, we irrigated and inspected for bleeding and found none. We inflated the lung, saw that it filled the chest cavity, and at this point we deflated the lung, placed 1 chest tube and secured this using silk suture. We inflated the lung and saw that it filled the chest cavity, and removed the camera. We then closed the deep layers using absorbable suture and the skin using 4-0 Monocryl subcuticular suture. The area was then cleaned and dried. Mastisol and Steri-Strips were applied. Sterile dressings were applied. The chest tubes were hooked to suction. The patient was then awakened and taken to the recovery room in stable condition. All instrument, sponge and needle counts were correct. I was present for the entire procedure.

William David Bolton, MD

All Results (- 10/03/16)

Gram Stain [34878705]

Resulted: 0000, Result status: In process

Ordering provider: William David Bolton, MD 08/26/16 1311

Resulting lab: GMH HOSPITAL LAB

Specimen Collection

Type	Source	Collected On
Tissue	Lung	08/26/16 1309

Resulted: 08/26/16 1532, Result status: Final

XR Chest 1 Vw Portable on arrival to PACU [34907819]

result

Ordering provider: Sean P McGrath, MD 08/26/16 1359

Resulted by: Leighton Chase Allen Jr., MD

Performed: 08/26/16 1507 - 08/26/16 1510

Resulting lab: AGFA PACS

Narrative:

Greenville Health System

GMH CV MONITORED SURG
701 Grove Road
GREENVILLE SC 29605-5611

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Acct #: 800001027330
Adm: 8/26/2016 Disch: 8/29/2016

All Results (- 10/03/16) (continued)

Resulted: 08/26/16 1532, Result status: Final
result

XR Chest 1 Vw Portable on arrival to PACU [34907819] (continued)

GREENVILLE MEMORIAL HOSPITAL
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Christian, Kenneth Dorsey MED. REC. NO.: 970179298
DOB: 08/13/1950
SEX: M PT. NS./ROOM: 08RRGMH PA
PT. CLASS: I CORP. ACCOUNT
NO.:
ADMISSION NO.: 1000035765276

ORDERING MD: WILLIAM D. BOLTON, MD OP LOCATION:

IMG1259 XR CHEST 1 VW ACCESSION NO: GMH200431864
ORDERED BY: WILLIAM D. BOLTON, MD

DATE OF EXAM: 08/26/2016
REASON FOR EXAM: ^s/p wedge resection

ADMISSION DATE: 08/26/2016 10:32

3:10 p.m.:

Comparison: 06/28/2016.

Surgical staples are faintly visualized over the right mid lung field and right chest tube is now in place. A small anterior pneumothorax is likely at the right cardiophrenic angle.

Cardiac size is normal. Examination was obtained at low lung volumes and a degree of chronic interstitial fibrosis is again noted in the lower lung fields bilaterally. Subtly more confluent density in the right mid lung field is likely postoperative. No pleural fluid is apparent. A curvilinear lucency is identified in the medial aspect of the right upper lung field which probably relates to either gas within the esophagus or herniation of the left upper lung field across the midline. Attention this finding on future studies is recommended.

IMPRESSION:

1. Postoperative findings right hemithorax with right chest tube in place. Very small anterior pneumothorax is likely.
2. Expiratory examination with chronic bibasilar fibrosis. Limited postoperative findings are present in the right mid lung field.
3. Lucency over the medial aspect of the right upper lung field. Attention this finding on future studies is recommended.

TRANSCRIPTIONIST: lca
TRANSCRIBE TIME/DATE: 08/26/2016 03:32 pm
READ BY: L. CHASE ALLEN, MD

ELECTRONICALLY SIGNED BY:
8/26/2016 3:32 PM: L. CHASE ALLEN, MD

GMH CV MONITORED SURG
701 Grove Road
GREENVILLE SC 29605-5611

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Acct #: 800001027330
Adm: 8/26/2016 Disch: 8/29/2016

All Results (- 10/03/16) (continued)

Resulted: 08/26/16 1532, Result status: Final

XR Chest 1 Vw Portable on arrival to PACU [34907819] (continued)

result

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Specimen Collection

Type	Source	Collected On
		08/26/16 1532

Potassium (K) 4 hours after dose. If less than or equal to 4mg/dL on recheck, continue to correct following protocol [34907834] (Normal)

Resulted: 08/26/16 1730, Result status: Final

result

Ordering provider: Sean P McGrath, MD 08/26/16 1359 Resulting lab: GMH HOSPITAL LAB

Specimen Collection

Type	Source	Collected On
Blood	Blood	08/26/16 1632

Components

	Value	Reference Range	Flag	Lab
Potassium	4.2	3.4-5.1 mmol/L		GMH

CBC without Differential in AM post op day one [34940339] (Abnormal)

Resulted: 08/27/16 0547, Result status: Final

result

Ordering provider: Sean P McGrath, MD 08/27/16 0006 Resulting lab: GMH HOSPITAL LAB

Specimen Collection

Type	Source	Collected On
Blood	Blood	08/27/16 0505

Components

	Value	Reference Range	Flag	Lab
WBC	9.8	4.0-11.5		GMH
RBC	3.93	4.50-5.90	L	GMH
Hemoglobin	12.6	13.5-17.5 g/dL	L	GMH
Hematocrit	37.0	41.0-53.0 %	L	GMH
MCV	94.0	80.0-100.0 fL		GMH
MCH	32.0	26.0-34.0 pg		GMH
MCHC	34.0	31.0-37.0 g/dL		GMH
RDW	13.7	12.0-16.0 %		GMH
Platelets	191	125-415		GMH
MPV	7.7	6.9-10.6 fL		GMH

Basic Metabolic Panel (BMP)(BMET) in AM post op day one [34940340] (Abnormal)

Resulted: 08/27/16 0604, Result status: Final

result

Ordering provider: Sean P McGrath, MD 08/27/16 0006 Resulting lab: GMH HOSPITAL LAB

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Acct #: 800001027330
Adm: 8/26/2016 Disch: 8/29/2016

All Results (- 10/03/16) (continued)

Basic Metabolic Panel (BMP)(BMET) in AM post op day one
[34940340] (Abnormal) (continued)

Resulted: 08/27/16 0604, Result status: Final
result

Specimen Collection

Type	Source	Collected On
Blood	Blood	08/27/16 0505

Components

Component	Value	Reference Range	Flag	Lab
Sodium	136	133-144 mmol/L		GMH
Potassium	4.3	3.4-5.1 mmol/L		GMH
Chloride	102	101-111 mmol/L		GMH
CO2	28	20-30 mmol/L		GMH
BUN	15	8-26 mg/dL		GMH
Calcium	8.5	8.5-10.4 mg/dL		GMH
Creatinine	0.84	0.72-1.25 mg/dL		GMH
Glucose	156	82-99 mg/dL	H	GMH
Anion Gap	6	6-16 mmol/L		GMH
eGFR	>90	>59 mL/min		GMH

Resulted: 08/27/16 1108, Result status: Final

XR Chest 1 Vw Portable in AM post op day one [34940341]

result

Ordering provider: Sean P McGrath, MD 08/27/16 0006 Resulted by: Jonathan Robert Hinshelwood, MD
Performed: 08/27/16 0840 - 08/27/16 0843 Resulting lab: AGFA PACS
Narrative:

Greenville Health System
GREENVILLE MEMORIAL HOSPITAL
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Christian, Kenneth Dorsey MED. REC. NO.: 970179298

DOB: 08/13/1950

SEX: M

PT. NS./ROOM: 084D4413

PT. CLASS: I

CORP. ACCOUNT

NO.:

ADMISSION NO.: 1000035765276

ORDERING MD: WILLIAM D. BOLTON, MD OP LOCATION:

IMG1259 XR CHEST 1 VW ACCESSION NO: GMH200432707
ORDERED BY: WILLIAM D. BOLTON, MD

DATE OF EXAM: 08/27/2016

REASON FOR EXAM: ^s/p wedge resection

ADMISSION DATE: 08/26/2016 10:32

Portable Chest

Indication: Status post wedge resection

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701 Grove Road
GREENVILLE SC 29605-5611

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MRN: 970179298
DOB: 8/13/1950, Sex: M
Acct #: 800001027330
Adm: 8/26/2016 Disch: 8/29/2016

All Results (- 10/03/16) (continued)

XR Chest 1 Vw Portable in AM post op day one [34940341]
(continued)

Resulted: 08/27/16 1108, Result status: Final
result

Comparison: Radiograph from 08/26/2016

Findings: The right-sided thoracostomy tube is unchanged in position. Interval resolution of the tiny medial pneumothorax. There are persistent bilateral basilar opacities. No pleural effusion.

Impression: Interval resolution in the tiny medial right-sided pneumothorax. Otherwise, no significant interval change.

TRANSCRIPTIONIST: Jrh
TRANSCRIBE TIME/DATE: 08/27/2016 11:08 am
READ BY: JONATHAN R. HINSHELWOOD, MD

ELECTRONICALLY SIGNED BY:
8/27/2016 11:08 AM: JONATHAN R. HINSHELWOOD, MD

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Specimen Collection

Type	Source	Collected On
		08/27/16 1108

Resulted: 08/28/16 1241, Result status: Final
result

XR Chest 1 Vw [35007384]

Ordering provider: Joseph Spears Tingen, MD 08/28/16 0005 Resulted by: Jonathan Robert Hinshelwood, MD

Performed: 08/28/16 1052 - 08/28/16 1057 Resulting lab: AGFA PACS

Narrative:
Greenville Health System
GREENVILLE MEMORIAL HOSPITAL
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Christian, Kenneth Dorsey MED. REC. NO.: 970179298

DOB: 08/13/1950

SEX: M PT. NS./ROOM: 084D4413

PT. CLASS: I CORP. ACCOUNT

NO.:

ADMISSION NO.: 1000035765276

ORDERING MD: WILLIAM D. BOLTON, MD OP LOCATION:

IMG1259 XR CHEST 1 VW ACCESSION NO: GMH200433513
ORDERED BY: WILLIAM D. BOLTON, MD

DATE OF EXAM: 08/28/2016

GMH CV MONITORED SURG
701 Grove Road
GREENVILLE SC 29605-5611

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Acct #: 800001027330
Adm: 8/26/2016 Disch: 8/29/2016

All Results (- 10/03/16) (continued)

Resulted: 08/28/16 1241, Result status: Final
result

XR Chest 1 Vw [35007364] (continued)

REASON FOR EXAM: ^pneumothorax

ADMISSION DATE: 08/26/2016 10:32

Portable Chest

Indication: Pneumothorax

Comparison: Radiograph from 08/27/2016

Findings: The right-sided thoracostomy tube is unchanged in position. No pneumothorax is identified. There are persistent bilateral right lung and left basilar opacities. No pleural effusion.

Impression: No significant interval change.

TRANSCRIPTIONIST: jrh
TRANSCRIBE TIME/DATE: 08/28/2016 12:41 pm
READ BY: JONATHAN R. HINSHELWOOD, MD

ELECTRONICALLY SIGNED BY:
8/28/2016 12:41 PM: JONATHAN R. HINSHELWOOD, MD

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Specimen Collection

Type	Source	Collected On
		08/28/16 1241

Resulted: 08/29/16 1004, Result status: Final
result

XR Chest 1 Vw [35007392]

Ordering provider: Joseph Spears Tingen, MD 08/29/16 Resulted by: Lewis Bailey Gilpin, MD
0007

Performed: 08/29/16 0818 - 08/29/16 0821 Resulting lab: AGFA PACS

Narrative:

Greenville Health System
GREENVILLE MEMORIAL HOSPITAL
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Christian, Kenneth Dorsey MED. REC. NO.: 970179298

DOB: 08/13/1950

SEX: M

PT. NS./ROOM: 084D4413

PT. CLASS: I

CORP. ACCOUNT

NO.:

ADMISSION NO.: 1000035765276

GMH CV MONITORED SURG
701 Grove Road
GREENVILLE SC 29605-5611

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Acct #: 800001027330
Adm: 8/26/2016 Disch: 8/29/2016

All Results (- 10/03/16) (continued)

Resulted: 08/29/16 1004, Result status: Final
result

XR Chest 1 Vw [35007392] (continued)

ORDERING MD: WILLIAM D. BOLTON, MD OP LOCATION:

IMG1259 XR CHEST 1 VW ACCESSION NO: GMH200434371
ORDERED BY: WILLIAM D. BOLTON, MD

DATE OF EXAM: 08/29/2016
REASON FOR EXAM: ^pneumothorax

ADMISSION DATE: 08/26/2016 10:32

Portable AP upright chest: Compared to 08/28/2016

The heart is normal in size. Mild bilateral opacities may be slightly worse. The right chest tube is stable. No pneumothorax is seen. Mild spondylosis is seen.

Impression:

Slight worsening in the bilateral opacities.

TRANSCRIPTIONIST: lbg
TRANSCRIBE TIME/DATE: 08/29/2016 10:04 am
READ BY: LEWIS B. GILPIN, MD

ELECTRONICALLY SIGNED BY:
8/29/2016 10:04 AM: LEWIS B. GILPIN, MD

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Specimen Collection

Type	Source	Collected On
		08/29/16 1004

Resulted: 08/29/16 1458, Result status:
Preliminary result

AFB Smear [35007398]

Ordering provider: William David Bolton, MD 08/29/16 1457 Resulting lab: GMH HOSPITAL LAB

Specimen Collection

Type	Source	Collected On
Tissue	Lung	08/26/16 1309

Components

	Value	Reference Range	Flag	Lab
AFB Smear	No Acid			GMH

GMH CV MONITORED SURG
701 Grove Road
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DOB: 8/13/1950, Sex: M
Acct #: 800001027330
Adm: 8/26/2016 Disch: 8/29/2016

All Results (- 10/03/16) (continued)

AFB Smear [35007398] (continued)

Resulted: 08/29/16 1458, Result status:
Preliminary result

Fast Bacilli
Seen on
Smear

XR Chest 1 Vw [35007394]

Resulted: 08/29/16 1726, Result status: Final
result

Ordering provider: Joseph Spears Tingen, MD 08/29/16 1224 Resulted by: John Witherspoon Gilpin, MD

Performed: 08/29/16 1535 - 08/29/16 1540 Resulting lab: AGFA PACS

Narrative:

Greenville Health System
GREENVILLE MEMORIAL HOSPITAL
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Christian, Kenneth Dorsey MED. REC. NO.: 970179298

DOB: 08/13/1950

SEX: M

PT. NS./ROOM: 084D4413

PT. CLASS: I

CORP. ACCOUNT

NO.:

ADMISSION NO.: 1000035765276

ORDERING MD: WILLIAM D. BOLTON, MD OP LOCATION:

IMG1259 XR CHEST 1 VW ACCESSION NO: GMH200435561
ORDERED BY: WILLIAM D. BOLTON, MD

DATE OF EXAM: 08/29/2016

REASON FOR EXAM: ^pneumothorax

ADMISSION DATE: 08/26/2016 10:32

History given pneumothorax.

A single AP portable chest film is provided to me. Patchy opacity/infiltrate is seen in the lungs bilaterally. This is unchanged since 08/29/2016. The right thoracotomy tube has been removed in the interim. I see no pneumothorax. Mild pleural thickening seen left apex. The heart and mediastinum appear normal. Scoliosis is noted.

IMPRESSION:

Patchy opacity/infiltrate in the lungs bilaterally.

TRANSCRIPTIONIST: jwg

TRANSCRIBE TIME/DATE: 08/29/2016 05:26 pm

READ BY: JOHN W. GILPIN, MD

ELECTRONICALLY SIGNED BY:

8/29/2016 5:26 PM: JOHN W. GILPIN, MD

The above report was produced by using a computer based typing program that converts spoken words to text.

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 09/12/16

All Orders and Results Except Lab and Imaging (09/12/16 - 09/12/16)

Pulmonary Rehab

Electronically signed by: **Jacqueline Jessi Ryals on 09/12/16 1122** Status: **Active**
This order may be acted on in another encounter.
Ordering user: Jacqueline Jessi Ryals 09/12/16 1122 Ordering provider: Justin Wayne Gregg, MD
Authorized by: Justin Wayne Gregg, MD
Frequency: 09/12/16 -
Diagnoses:
Hypersensitivity pneumonitis [J67.9]
SOB (shortness of breath) [R06.02]
Questions:
Pulmonary Diagnosis Dyspnea on Exertion
Medical Necessity Diminished ability to perform activities of daily living
Current Oxygen Use: None
Participation: YES - Patient can safely participate in this exercise program from a cardiac standpoint

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Justin Wayne Gregg, MD at 9/12/2016 10:40 AM

Author Type: Physician

Status: Signed



*GHS Lung Center
Pulmonary Disease Associates*

OTHER and Follow-up

NPI~ Kenneth Dorsey Christian is a 66 y.o. male who presents today for follow-up after VATs bx 8/26/16. Pt's bx results came back likely chronic hypersensitivity pneumonitis possibly due to soldering fumes. Sample has been sent to S-K for further review but no results as of yet. Pt was started on prednisone 8/29 with 40mg x 14 days, 20mg x 14 days, and 10mg x 14 days. Pt is on day 13/42. Pt has not had SOB but has not been pushing himself either. He has had chest pain along with numbness associated with his VATs. He has follow-up in 2 weeks with Dr. Bolton. Prior to starting steroids he would only get SOB with inclines and stairs, which has been present for the past 2 years. He is not limited with flat ground. He has chronic cough and congestions for longer than the SOB and gets thick clear jelly phlegm worse in the AM. He has no fevers and chills and occasional chest discomfort isolated from his SOB. He has CT showing peripheral ILD and negative serologies including ANA and hypersensitivity panel. Prior bronchoscopy on 12/2015 showed BAL of 26% eos and CBC had 9% eos. +skin test to mold. He was previously tried on prednisone with great success. He is oxygenating well without any other complaint.

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
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Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 09/12/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 9/12/2016 10:40 AM (continued)

Medications

Current outpatient prescriptions:

- albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler, Inhale 2 puffs every 6 (six) hours as needed for wheezing., Disp: 1 Inhaler, Rfl: 0
- aspirin (ECOTRIN) 81 mg EC tablet, Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention., Disp: , Rfl:
- atorvastatin (LIPITOR) 40 mg tablet, Take 40 mg by mouth daily Indications: Hypercholesterolemia., Disp: , Rfl:
- cholecalciferol, vitamin D3, 1,000 unit tablet, Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency., Disp: , Rfl:
- CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL), Take 1,000 mcg by mouth daily., Disp: , Rfl:
- DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL), Take 1,200 mg by mouth daily., Disp: , Rfl:
- docusate sodium (COLACE) 100 mg capsule, Take 1 capsule (100 mg) 2 (two) times a day., Disp: 60 capsule, Rfl: 0
- esomeprazole (NexlUM) 40 MG capsule, Take 40 mg by mouth daily Indications: Heartburn., Disp: , Rfl:
- NITROSTAT 0.4 mg SL tablet, 0.4 mg every 5 (five) minutes as needed., Disp: , Rfl: 99
- ONETOUCH DELICA LANCETS 33 gauge, Disp: , Rfl: 3
- ONETOUCH ULTRA TEST, Disp: , Rfl: 3
- oxyCODONE (ROXICODONE) 5 mg immediate release tablet, Take 5 mg by mouth as needed for moderate pain., Disp: , Rfl:
- oxymetazoline (AFRIN) 0.05 % nasal spray, by Each Nare route 2 (two) times a day., Disp: , Rfl:
- predniSONE (DELTASONE) 10 mg tablet, 40mg daily x14 days, 20mg daily x14 days, 10mg daily x14 days then stop, Disp: 98 tablet, Rfl: 0
- VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL), Take 1 tablet by mouth daily., Disp: , Rfl:
- ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet, Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting., Disp: 40 tablet, Rfl: 0

Past Medical History

- | | |
|--|------|
| • HLD (hyperlipidemia) | |
| • Stented coronary artery | 2002 |
| <i>no problems since</i> | |
| • Coronary artery disease | |
| <i>MI (no damage to heart) 2002 w/ stent</i> | |
| • Other PULMONARY Hx | |
| <i>CT of chest on EPIC from 8/10/16; 6 minute walk test on EPIC from 6/28/16</i> | |
| • Other PULMONARY Hx | |
| <i>SOB on exertion</i> | |

Past Surgical History

- | Procedure | Laterally | Date |
|---|-----------|------------|
| • Colonoscopy | | 2007; 2016 |
| <i>scattered diverticula, sm int hemorrhoids-Dr. Rinkliff</i> | | |
| • Sinus surgery | | 2005 |

Social History

Social History

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 09/12/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 9/12/2016 10:40 AM (continued)

- Marital Status: Married
- Spouse Name: N/A
- Number of Children: N/A
- Years of Education: N/A

Personal History

- Not on file.

Social History/Modifiables

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Yes
Comment: rarely
- Drug Use: Not on file
- Sexual Activity: Not on file

Concomitant

- Not on file

Social History Narrative

Family History

- | Condition | Relation | Age at Onset |
|---------------|----------|--------------|
| • Cancer | Mother | |
| • Lung cancer | Father | |
| • Cancer | Brother | |

ROS

Review of Systems

Constitutional: Positive for unexpected weight change. Negative for fever, chills and appetite change.

HENT: Negative for nosebleeds, postnasal drip, sinus pressure, sore throat and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Positive for shortness of breath. Negative for cough and wheezing.

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

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

Endocrine: Negative for cold intolerance, heat intolerance and polyuria.

Genitourinary: Negative for dysuria and hematuria.

Neurological: Negative for syncope and headaches.

Psychiatric/Behavioral: Negative for sleep disturbance. The patient is not nervous/anxious.

All other systems reviewed and are negative.

Otherwise, 13-pt ROS is negative except per HPI.

Physical Exam

Filled Vitals:

BP: 114/56
Pulse: 77
Temp: 98.3 °F (36.8 °C)

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 09/12/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 9/12/2016 10:40 AM (continued)

Resp: 16
SpO2: 98%

Body mass Index is 22.44 kg/(m²).

Physical Exam

Constitutional: He is active. No distress.

HENT:

Head: Normocephalic.

Nose: No mucosal edema or septal deviation.

Mouth/Throat: Oropharynx is clear and moist and mucous membranes are normal. Normal dentition.

Eyes: Pupils are equal, round, and reactive to light. Right eye exhibits normal extraocular motion. Left eye exhibits normal extraocular motion.

Neck: Neck supple. No JVD present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal. No accessory muscle usage or stridor. No respiratory distress. He has no wheezes. He has rales (1/5 of thorax on left, 1/3 of thorax on right (lower lung fields)).

Scars from R VATs

Abdominal: Soft. Bowel sounds are normal. There is no hepatosplenomegaly. There is no tenderness.

Musculoskeletal: Normal range of motion. He exhibits no edema or tenderness.

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: He is alert.

Skin: Skin is intact. No lesion and no rash noted. No cyanosis. Nails show no clubbing.

Labs Reviewed~

Lab Results

Component	Value	Date
GLUCOSE	156*	08/27/2016
CALCIUM	8.5	08/27/2016
NA	136	08/27/2016
K	4.3	08/27/2016
CO2	28	08/27/2016
CL	102	08/27/2016
BUN	15	08/27/2016
CREATININE	0.84	08/27/2016

Lab Results

Component	Value	Date
WBC	9.8	08/27/2016
HGB	12.6*	08/27/2016
HCT	37.0*	08/27/2016
MCV	94.0	08/27/2016
PLT	191	08/27/2016

Imaging Reviewed~

PULMONOLOGY-LUNG CTR
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MRN: 970179298
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Progress Notes (continued)

Justin Wayne Gregg, MD at 9/12/2016 10:40 AM (continued)

CT 8/10/16: peripherally based reticular GGO worse at bases but present in all lobes

PFT~

	8/28/2016
FVC	3.33
% Pred	78
FEV1	2.61
% Pred	82
FEV1/FVC	78
FVC (post)	3.17
% Pred	74
FEV1 (post)	2.59
% Pred	81
FEV1/FVC (post)	82
TLC	4.35
% Pred	66
RV	1.02
% Pred	45
RV/TLC	23

Mild to moderate restrictive defect

ASSESSMENT/PLAN

Hypersensitivity pneumonitis

Started on steroids and will monitor response.

1. Waiting on S-K interpretation of path results
2. RTC 4-6 weeks

SOB (shortness of breath)

1. Pulm rehab

Justin Wayne Gregg, MD

Electronically signed by Justin Wayne Gregg, MD on 9/12/2016 12:53 PM

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

User	Date & Time
RYALS, JACQUELINE	9/12/2016 11:24 AM

Disposition:

Return for 4-6 weeks.

Follow-up:

N/A

GOR X-RAY
1210 W Faris Road
GREENVILLE SC 29605-5611

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Acct #: 800001200983
Adm: 9/21/2016 Disch: 9/21/2016

Discharge Information - Patient Record Only (continued)

History & Physicals

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

OR Op Notes

No notes of this type exist for this encounter.

All Results (09/21/16 - 09/21/16)

XR Chest 2 Vw [35169141] Resulted: 09/21/16 1352, Result status: Final result

Ordering provider: William David Bolton, MD 09/21/16 Resulted by: Leighton Chase Allen Jr., MD

1342

Performed: 09/21/16 1342 - 09/21/16 1346 Resulting lab: AGFA PACS

Narrative:

Greenville Health System
GREENVILLE MEMORIAL HOSPITAL
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Christian, Kenneth Dorsey MED. REC. NO.: 970179298

DOB: 08/13/1950

SEX: M

PT. NS./ROOM: 11XRAY

PT. CLASS: O

CORP. ACCOUNT

NO.:

ADMISSION NO.: 1000048808864

ORDERING MD: WILLIAM D. BOLTON, MD OP LOCATION:

IMG36 XR CHEST 2 VW ACCESSION NO: GOR200482677

ORDERED BY: WILLIAM D. BOLTON, MD

DATE OF EXAM: 09/21/2016

REASON FOR EXAM: R06.02^Shortness of breath^I10

ADMISSION DATE: 09/21/2016 13:42

Frontal and lateral views were submitted.

Comparison: 08/29/2016 and 06/28/2016.

Cardiac size remains normal. Elevation of the right hemidiaphragm persists. Postoperative findings are now noted laterally in the right mid lung field. Chronically increased interstitial densities are again noted in the lower lung fields bilaterally. Upon comparison with several prior studies, more confluent density is now suspected in the base of the right lower lobe. No pleural fluid is identified. Biapical pleural and pulmonary scarring is again noted.

IMPRESSION:

Persistent elevation right hemidiaphragm with chronically increased bibasilar interstitial densities and postoperative findings laterally in the right mid lung field. Upon comparison with prior studies, more confluent density projected in the right lung base suggest acute infiltrate. Clinical correlation and follow-up is recommended

GOR X-RAY
1210 W Faris Road
GREENVILLE SC 29605-6611

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Acct #: 800001200983
Adm: 9/21/2016 Disch: 9/21/2016

All Results (09/21/16 - 09/21/16) (continued)

Resulted: 09/21/16 1352, Result status: Final
result

XR Chest 2 Vw [35168141] (continued)

TRANSCRIPTIONIST: lca
TRANSCRIBE TIME/DATE: 09/21/2016 01:52 pm
READ BY: L. CHASE ALLEN, MD

ELECTRONICALLY SIGNED BY:
9/21/2016 1:52 PM: L. CHASE ALLEN, MD

The above report was produced by using a computer based typing program that converts spoken words to text. Random mistakes in words identified by the computer are very often initially present. Despite careful review some mistakes may still be found in the final released report.

All CT scans at this facility use specific methods available to minimize radiation exposure to our patients. We use techniques such as dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Specimen Collection

Type	Source	Collected On
		09/21/16 1352

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
101 - PACS	AGFA PACS	Unknown	Unknown	09/30/14 1011 - Present

All Orders and Results (09/21/16 - 09/21/16)

XR Chest 2 Vw

Electronically signed by: Tonya Renee Hughes, RN on 09/07/16 1453 Status: Completed
Ordering user: Tonya Renee Hughes, RN 09/07/16 1453 Ordering provider: William David Bolton, MD

Encounter-Level Documents - 09/21/2016:

Scan on 9/21/2016 (below)

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 10/10/16

Visit Summary

Reason for Visit

Interstitial Lung Disease

Diagnoses

ILD (interstitial lung disease) - Primary
Interstitial lung disease
Hypersensitivity pneumonitis

Problem List as of 10/10/2016

Date Reviewed: 9/21/2016

	Codes	Priority	Class	Noted - Resolved
Colon polyps	ICD-9-CM: 211.3 ICD-10-CM: K63.5			12/17/2015 - Present
ILD (interstitial lung disease)	ICD-9-CM: 515 ICD-10-CM: J84.9			6/28/2016 - Present
SOB (shortness of breath)	ICD-9-CM: 786.05 ICD-10-CM: R06.02			6/28/2016 - Present
Preop examination	ICD-9-CM: V72.84 ICD-10-CM: Z01.818			8/23/2016 - Present
Interstitial lung disease	ICD-9-CM: 515 ICD-10-CM: J84.9			8/26/2016 - Present
Hypersensitivity pneumonitis	ICD-9-CM: 495.9 ICD-10-CM: J67.9			9/12/2016 - Present

Reviewed On: 9/21/2016 By: William David
Bolton, MD

Allergies as of 10/10/2016

No Known Allergies

Immunizations

None

Medical as of 10/10/2016

Past Medical History	Date	Comments	Source
HLD (hyperlipidemia)			Provider
Stented coronary artery	2002	no problems since	Provider
Coronary artery disease		MI (no damage to heart) 2002 w/ stent	Provider
Other PULMONARY Hx		CT of chest on EPIC from 8/10/16; 6 minute walk test on EPIC from 6/28/16	Provider
Other PULMONARY Hx		SOB on exertion	Provider
Pertinent Negatives	Date Noted	Comments	Source
Other ANESTHESIA Complications	8/18/2016		Provider
Other CNS Hx	8/18/2016		Provider
Other GI Hx	8/18/2016		Provider
Other HEPATIC Hx	8/18/2016		Provider
Other RENAL Hx	8/18/2016		Provider
Other ENDO/OTHER Hx	8/18/2016		Provider
Other BLEEDING Hx	8/18/2016		Provider

Surgical

Past Surgical History	Laterality	Date	Comments
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PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
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Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 10/10/16

Visit Summary (continued)

as of 10/10/2016	COLONOSCOPY		2007, 2016	scattered diverticula, sm int hemorrhoids- Dr. Rinkliff
	SINUS SURGERY		2005	
	Pertinent Negatives	Laterality	Date Noted	Comments
	CAROTID STENT		8/18/2016	

Family as of 10/10/2016	Problem	Relation	Name	Age of Onset	Comments	Source
	Cancer	Mother				Provider
	Lung cancer	Father				Provider
	Cancer	Brother				Provider

Family Status as of 10/10/2016	Relation	Name	Status	Death Age	Comments	Source
	Mother		Deceased			Provider
	Father		Deceased			Provider

Tobacco Use as of 10/10/2016	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
	Never Smoker	Provider		0.0	0.0				Never Used	

Alcohol Use as of 10/10/2016	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
	Yes	Provider			rarely

Drug Use as of 10/10/2016	Drug Use	Source	Types	Frequency	Comments
		Provider		0.00	

Sexual Activity as of 10/10/2016	Sexually Active	Source	Birth Control	Partners	Comments
		Provider			

Social ADL as of 10/10/2016	ADL Question	Response	Comments	Source
	None			

Occupational as of 10/10/2016	**None**
-------------------------------	----------

Socioeconomic as of 10/10/2016	Marital Status	Spouse Name	Num of Children	Years Education	Source
	Married				
	Preferred Language	Ethnicity	Race		
	English	Non-Hispanic or Non-Latino	White or Caucasian		

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	1 Inhaler	6	9/21/2016	10/21/2016
Sig - Route: Inhale 2 puffs every 6 (six) hours as needed for wheezing. - Inhalation				

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Amb Encounter Report

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DOB: 8/13/1950, Sex: M
Enc Date: 10/10/16

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Class: Print				
aspirin (ECOTRIN) 81 mg EC tablet			10/14/2015	
Sig - Route: Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention. - Oral				
Class: Historical Med				
atorvastatin (LIPITOR) 40 mg tablet			9/8/2015	
Sig - Route: Take 40 mg by mouth daily Indications: Hypercholesterolemia - Oral				
Class: Historical Med				
cholecalciferol, vitamin D3, 1,000 unit tablet				
Sig - Route: Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency. - Oral				
Class: Historical Med				
CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL)				
Sig - Route: Take 1,000 mcg by mouth daily. - Oral				
Class: Historical Med				
DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL)				
Sig - Route: Take 1,200 mg by mouth daily. - Oral				
Class: Historical Med				
docusate sodium (COLACE) 100 mg capsule	60 capsule	0	8/29/2016	9/28/2016
Sig - Route: Take 1 capsule (100 mg) 2 (two) times a day. - Oral				
Class: Print				
esomeprazole (NexIUM) 40 MG capsule				
Sig - Route: Take 40 mg by mouth daily Indications: Heartburn. - Oral				
Class: Historical Med				
NITROSTAT 0.4 mg SL tablet		99	9/27/2015	
Sig: 0.4 mg every 5 (five) minutes as needed.				
Class: Historical Med				
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	40 tablet	0	8/29/2016	9/28/2016
Sig - Route: Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting. - Sublingual				
Class: Print				
ONETOUCH DELICA LANCETS 33 gauge		3	9/15/2015	
Class: Historical Med				
ONETOUCH ULTRA TEST		3	9/14/2015	
Class: Historical Med				
oxyCODONE (ROXICODONE) 5 mg immediate release tablet				
Sig - Route: Take 5 mg by mouth as needed for moderate pain. - Oral				
Class: Historical Med				
oxymetazoline (AFRIN) 0.05 % nasal spray				
Sig - Route: by Each Nare route 2 (two) times a day. - Each Nare				
Class: Historical Med				
VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL)				
Sig - Route: Take 1 tablet by mouth daily. - Oral				
Class: Historical Med				
predniSONE (DELTASONE) 10 mg tablet	98 tablet	0	8/31/2016	10/12/2016
Sig: 40mg daily x14 days, 20mg daily x14 days, 10mg daily x14 days then stop				
Class: Print				

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 10/10/16

Medications (continued)

Medications at Start of Encounter (continued)

Telephone Encounter

Call Information

	Provider	Department	Center
10/10/2016 11:20 AM	Lloyd Eugene Hayes Sr., MD	Pulmonology	W. FARIS CTR

Reason for Call

Interstitial Lung Disease

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Lloyd Eugene Hayes Sr., MD at 10/10/2016 11:48 AM

Author Type: Physician

Status: Signed

Pulmonary rehabilitation evaluation

Kenneth Dorsey Christian 66 y.o.

Referred to pulmonary rehabilitation by: Dr. Gregg

Diagnoses: Interstitial lung disease with diagnosis of hypersensitivity pneumonitis by VATS procedure, allergic rhinitis, question of OSA

Pulmonary function tests: FVC 3.17 L or 74% predicted, FEV1 2.59 L or 81% predicted, FEV1/FVC 82%

Gold COPD classification: 0

Exacerbations in the past year: He had lung surgery with a VATS biopsy on 8/26/2016. He has had no other ED admissions or hospitalizations.

Smoking history: None except very few cigarettes as a teenager

Oxygen use: None

Respiratory medications: Maintenance: Prednisone 10 mg per day

Rescue: Albuterol is available but he is not using this medication

Pre-pulmonary rehabilitation activities: He can perform most activities including cutting his grass. He has not yet returned to work and plans to do so sometime in November.

Progress Notes (continued)

Lloyd Eugene Hayes Sr., MD at 10/10/2016 11:48 AM (continued)

Outcome goals:

Personal: Increased energy and activity

Rehabilitation: Less dyspnea upon exertion

Comments: Patient has had a difficult course following his lung surgery. He did not tolerate high-dose prednisone very well with significant depression. His wife is scheduled for hip surgery in November and he would like to perform rehabilitation for only 4 weeks if that is possible. He has a history of difficulty sleeping has had home sleep testing by some company in the past who recommended that he use a CPAP device but he is not using this on a regular basis. He had numerous questions.

I have reviewed the ECG which shows normal sinus rhythm without pathological Q waves., pulmonary function studies demonstrate a mild degree of volume restriction with no airflow obstruction. There is no significant change following bronchodilator. Total lung capacity is mildly reduced., 6 minute walk study shows a normal walk distance with adequate gas exchange. The lowest oxygen saturation observed was 92%. Cardiovascular maximums were being approached at peak exercise based upon heart rate.

I have completed the individual treatment plan, psychosocial assessment, and pre-pulmonary rehabilitation outcomes measures.

I spent 40 minutes with Kenneth Dorsey Christian. Greater than 50% of my time entailed discussing the disease process and expectations from pulmonary rehabilitation.

Electronically signed by Lloyd Eugene Hayes Sr., MD on 10/10/2016 11:57 AM

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 10/10/16

Progress Notes (continued)

H&P Notes

No notes of this type exist for this encounter.

Encounter-Level Documents - 10/10/2016:

Document on 10/10/2016 11:39 AM by Angela Etris : AVS - Outpatient (below)



Kenneth Dorsey Christian

Date	Provider	Department	Dept Phone	Dept Address
10/10/2016	Lloyd Eugene Hayes Sr., MD	Lung Center-Paris	864-455-7874	890 W Faris Rd Ste 580 Greenville SC 29605-4281

Demographic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language	Preferred Written Language
8/13/1950	Male	White or Caucasian	Non-Hispanic or Not-Latino	English	English

Future Appointments

Tuesday November 01, 2016 10:00 AM	Appointment with Justin Wayne Gregg at Lung Center-Patewood (864-454-4200) 200 Patewood Drive, Ste B300 Greenville SC 29615-6338
Wednesday December 21, 2016 1:00 PM	Appointment with William David Bolton at GHS Cancer Institute-MDC (864-455-1200) 890 W Faris Road Ste 580 Greenville SC 29605-4281

Tests

Monday December 19, 2016 3:40 PM	Appointment with GOR CT at Greenville Outpatient Radiology Ct Nothing to eat or drink for 2 hours prior to exam. You may take medication with a sip of water. 1210 West Fike Road Greenville SC 29605
-------------------------------------	--

Changes to your Medications and Prescription Renewals

Notice	As of 10/10/2016 11:39 AM
No changes were made to your prescriptions during this visit.	

Here is your newly updated Medication List, including any changes made this visit.

- If you have any questions about these medications, ask the provider who recommended them.
- If you told us you are not taking any of these medications, we have recorded that information. Please discuss the fact that you are not taking them with the provider who recommended them.

These are all of the medications you should be taking

This list is accurate as of: 10/10/16 11:39 AM. Always use your most recent med list.

Instructions
albuterol 90 mcg/actuation Inhaler Commonly known as: Ventolin and Proventil Inhale 2 puffs every 6 (six) hours as needed for wheezing. For SOB (shortness of breath)

Christian, Kenneth Dorsey (MR # 970179298; DOB: 08/13/1950)

Page 1 of 3

Document on 10/10/2016 11:39 AM by Angela Etris : AVS - Outpatient (below)

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 10/10/16

These are all of the medications you should be taking (continued)

Medication	Instructions
aspirin 81 mg EC tablet For: Myocardial Infarction Prevention Commonly known as: aspirin	Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention.
atorvastatin 40 mg tablet For: Hypercholesterolemia Commonly known as: atorvastatin	Take 40 mg by mouth daily Indications: Hypercholesterolemia
cholecalciferol (vitamin D3) 1,000 unit tablet For: Prevention of Vitamin D Deficiency	Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency.
docusate sodium 100 mg capsule Commonly known as: Colace	Take 1 capsule (100 mg) 2 (two) times a day.
esomeprazole 40 MG capsule For: Heartburn Commonly known as: Nexium	Take 40 mg by mouth daily Indications: Heartburn
FISH OIL ORAL	Take 1,200 mg by mouth daily.
NITROSTAT 0.4 mg SL tablet Generic drug: nitroglycerin	0.4 mg every 5 (five) minutes as needed.
ondansetron 4 mg disintegrating tablet Commonly known as: ZUPLENZ	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting.
ONETOUCH DELICA LANCETS 33 gauge Generic drug: none	
ONETOUCH ULTRA TEST Generic drug: none	
oxyCODONE 5 mg immediate release tablet Commonly known as: oprex	Take 5 mg by mouth as needed for moderate pain.
oxymetazoline 0.05 % nasal spray Commonly known as: Afrin	by Each Nare route 2 (two) times a day
prednisONE 10 mg tablet Commonly known as: prednisone	40mg daily x14 days, 20mg daily x14 days, 10mg daily x14 days, then stop For: Pneumonitis, hypersensitivity
SUPER B COMPLEX + C ORAL	Take 1 tablet by mouth daily
VITAMIN B-12 ORAL	Take 1,000 mcg by mouth daily.

Treatment:

Other Details from this Visit:

Current Problem List as of 10/10/2016

Colon polyps
ILD (interstitial lung disease)
SOB (shortness of breath)
Preop examination
Interstitial lung disease
Hypersensitivity pneumonitis

Allergies

No Known Allergies

Vital Signs

Smoking Status
Never Smoker

Christian, Kenneth Dorsey (MR # 970179298) DOB:
08/13/1950

Page 2 of 3

Document on 10/10/2016 11:39 AM by Angela Etris : AVS - Outpatient (below)

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN,KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 10/10/16

MyChart

Our records indicate that you have an active MyChart account.

You can view your After Visit Summary by going to <https://mychart.ghs.org> and logging in with your MyChart username and password. If you can't have a MyChart username and password but a parent or guardian has access to your record, the parent or guardian should login with their own MyChart username and password and access your record to view the After Visit Summary.

If you have questions, you can e-mail MyChartPortal@ghs.org or call (844) 432-6893 to talk to our MyChart staff. Remember, MyChart is NOT to be used for urgent needs. For medical emergencies, dial 911.

Christian, Kenneth Dorsey (MR # 970179298) DOB:
08/13/1950

Page 3 of 3

Order-Level Documents:

There are no order-level documents.

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 10/10/16

Progress Notes (continued)

Lloyd Eugene Hayes Sr., MD at 10/10/2016 11:48 AM (continued)

Outcome goals:

Personal: Increased energy and activity

Rehabilitation: Less dyspnea upon exertion

Comments: Patient has had a difficult course following his lung surgery. He did not tolerate high-dose prednisone very well with significant depression. His wife is scheduled for hip surgery in November and he would like to perform rehabilitation for only 4 weeks if that is possible. He has a history of difficulty sleeping has had home sleep testing by some company in the past who recommended that he use a CPAP device but he is not using this on a regular basis. He had numerous questions.

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I have completed the individual treatment plan, psychosocial assessment, and pre-pulmonary rehabilitation outcomes measures.

I spent 40 minutes with Kenneth Dorsey Christian. Greater than 50% of my time entailed discussing the disease process and expectations from pulmonary rehabilitation.

Electronically signed by Lloyd Eugene Hayes Sr., MD on 10/10/2016 11:57 AM

PULMONOLOGY
890 W FARIS RD STE 580
GREENVILLE SC 29605-4281

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 10/10/16

Progress Notes (continued)

Progress Notes by Lloyd Eugene Hayes Sr., MD at 10/10/2016 11:48 AM (continued)

Pulmonary rehabilitation evaluation

Kenneth Dorsey Christian 66 y.o.

Referred to pulmonary rehabilitation by: Dr. Gregg

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Oxygen use: None

Respiratory medications: Maintenance: Prednisone 10 mg per day

Rescue: Albuterol is available but he is not using this medication

Pre-pulmonary rehabilitation activities: He can perform most activities including cutting his grass. He has not yet returned to work and plans to do so sometime in November.

Outcome goals:

Personal: Increased energy and activity

Rehabilitation: Less dyspnea upon exertion

Comments: Patient has had a difficult course following his lung surgery. He did not tolerate high-dose prednisone very well with significant depression. His wife is scheduled for hip surgery in November and he would like to perform rehabilitation for only 4 weeks if that is possible. He has a history of difficulty sleeping has had home sleep testing by some company in the past who recommended that he use a CPAP device but he is not using this on a regular basis. He had numerous questions.

I have reviewed the ECG which shows normal sinus rhythm without pathological Q waves., pulmonary function studies demonstrate a mild degree of volume restriction with no airflow obstruction. There is no significant change following bronchodilator. Total lung capacity is mildly reduced., 6 minute walk study shows a normal walk distance with adequate gas exchange. The lowest oxygen saturation observed was 92%. Cardiovascular maximums were being approached at peak exercise based upon heart rate.

I have completed the individual treatment plan, psychosocial assessment, and pre-pulmonary rehabilitation outcomes measures.

I spent 40 minutes with Kenneth Dorsey Christian. Greater than 50% of my time entailed discussing the disease process and expectations from pulmonary rehabilitation.

PULMONOLOGY
890 W FARIS RD STE 580
GREENVILLE SC 29605-4281

CHRISTIAN,KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 10/10/16

Progress Notes (continued)

Progress Notes by Lloyd Eugene Hayes Sr., MD at 10/10/2016 11:48 AM (continued)

Electronically Signed by Lloyd Eugene Hayes Sr., MD on 10/10/2016 11:57 AM

Encounter-Level Documents - 10/10/2016:

Document on 10/10/2016 11:39 AM by Angela Etris : AVS - Outpatient (below)

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/01/16

All Orders and Results Except Lab and Imaging (11/01/16 - 11/01/16).

Polysomnography - Split Diagnostic/PAP Titration

Electronically signed by: **Jacqueline Jessi Ryals on 11/01/16 1051** Status: **Completed**
Ordering user: Jacqueline Jessi Ryals 11/01/16 1051 Ordering provider: Justin Wayne Gregg, MD
Authorized by: Justin Wayne Gregg, MD
Frequency: 11/01/16 -
Diagnoses:
 Snoring [R06.83]
Questions:
 Sleep Lab Adult
 Has the patient had a sleep study before? No
 Indication (mark all that apply) Snoring
 Excessive Daytime Sleepiness
 Heart Disease
 Protocol CMS Guidelines (adult)
 Current Respiratory Therapy (specify settings in comments) None

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Justin Wayne Gregg, MD at 11/1/2016 9:57 AM

Author Type: Physician Status: Addendum

*GHS Lung Center
Pulmonary Disease Associates*



Follow-up and Hypersensitivity Pneumonitis

HPI~ Kenneth Dorsey Christian is a 66 y.o. male who presents today for scheduled follow-up. Pt was worked up for ILD and on VATs bx 8/26 results showed chronic hypersensitivity pneumonitis thought secondary to soldering fumes. Review by S-K agreed with path results. Pt was started on prednisone 8/29 at 40mg and tapered down to 5mg with last dose 10/30. He did not tolerate prednisone well so was not on high-dose for long. He also attributes his symptoms of anxiety and wt loss to being on prednisone with afirin and albuterol, but is currently off all of the them. He reports mild improvement in his SOB which is a mild-moderate SOB that is brought on by moderate exertion. SOB recovers with rest. SOB ultimately present since 2014. Pt also with mild cough that is productive of light beige sputum that has been present for 2 weeks and is unchanged in that time. Improves with nasal saline spray and netipot. No fevers or chills. Using incentive spirometry with 2250 volumes. He is helping his wife recover from hip surgery since 10/17. Pt declined flu vaccine and pneumococcal vaccine.

PULMONOLOGY-LUNG CTR
200 Patwood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/01/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 11/1/2016 9:57 AM (continued)

Pt with snoring, BT 11PM, WT 7AM, wakes up 3-4x/night for urination, does not wake up gasping for air, feels partially refreshed in AM, no naps, ESS 3/24.

Per prior notes: Prior to starting steroids he would only get SOB with inclines and stairs, which has been present since approx 2014. He used to have thick clear jelly phlegm worse in the AM. Negative serologies including ANA and hypersensitivity panel. Prior bronchoscopy on 12/2015 showed BAL of 26% eos and CBC had 9% eos. +skin test to mold. He was previously tried on prednisone with great success.

Medications

Current outpatient prescriptions:

- aspirin (ECOTRIN) 81 mg EC tablet, Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention. , Disp: , Rfl:
- atorvastatin (LIPITOR) 40 mg tablet, Take 40 mg by mouth daily Indications: Hypercholesterolemia. , Disp: , Rfl:
- cholecalciferol, vitamin D3, 1,000 unit tablet, Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency. , Disp: , Rfl:
- CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL), Take 1,000 mcg by mouth daily. , Disp: , Rfl:
- esomeprazole (NEXIUM) 40 MG capsule, Take 40 mg by mouth daily Indications: Heartburn. , Disp: , Rfl:
- NITROSTAT 0.4 mg SL tablet, 0.4 mg every 5 (five) minutes as needed. , Disp: , Rfl: 99
- ONETOUCH DELICA LANCETS 33 gauge, , Disp: , Rfl: 3
- ONETOUCH ULTRA TEST, , Disp: , Rfl: 3
- VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL), Take 1 tablet by mouth daily. , Disp: , Rfl:
- albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler, Inhale 2 puffs every 6 (six) hours as needed for wheezing., Disp: 1 Inhaler, Rfl: 6
- DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL), Take 1,200 mg by mouth daily., Disp: , Rfl:
- docusate sodium (COLACE) 100 mg capsule, Take 1 capsule (100 mg) 2 (two) times a day., Disp: 60 capsule, Rfl: 0
- loratadine (CLARITIN) 10 mg tablet, Take 1 tablet (10 mg) by mouth daily., Disp: 30 tablet, Rfl: 3
- ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet, Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting., Disp: 40 tablet, Rfl: 0
- oxyCODONE (ROXICODONE) 5 mg immediate release tablet, Take 5 mg by mouth as needed for moderate pain., Disp: , Rfl:
- oxymetazoline (AFRIN) 0.05 % nasal spray, by Each Nare route 2 (two) times a day., Disp: , Rfl:
- prednisONE (DELTASONE) 5 mg tablet, Take 1 tablet (5 mg) by mouth daily. 1 tab daily until finished and then STOP, Disp: 10 tablet, Rfl: 0
- sod bicarb-sod chlor-neti pot (NEILMED NASAFLO), 1 Package into each nostril daily., Disp: 1 each, Rfl: 0

Past Medical History

- HLD (hyperlipidemia)
- Stented coronary artery 2002
no problems since
- Coronary artery disease
MI (no damage to heart) 2002 w/ stent
- Other PULMONARY Hx
CT of chest on EPIC from 8/10/16; 6 minute walk test on EPIC from 6/28/16
- Other PULMONARY Hx

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/01/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 11/1/2016 9:57 AM (continued)

SOB on exertion

Past Surgical History

Procedure	Laterality	Date
Colonoscopy		2007; 2016
scattered diverticula, sm int hemorrhoids-Dr. Rinkliff		
Sinus surgery		2005

Social History

Social History	
Marital Status:	Married
Spouse Name:	N/A
Number of Children:	N/A
Years of Education:	N/A

Occupational History	
Not on file.	

Social History Main Topics	
Smoking status:	Never Smoker
Smokeless tobacco:	Never Used
Alcohol Use:	Yes
Comment: rarely	
Drug Use:	Not on file
Sexual Activity:	Not on file

Social History	
Not on file	

Social History Narrative

Family History

Condition	Relationship	Age at Onset
Cancer	Mother	
Lung cancer	Father	
Cancer	Brother	

ROS

Review of Systems

Constitutional: Positive for unexpected weight change (**weight loss**). Negative for fever and chills.
 HENT: Positive for sinus pressure. Negative for nosebleeds and postnasal drip.
 Respiratory: Positive for cough. Negative for shortness of breath.
 Cardiovascular: Negative for chest pain and palpitations.
 Gastrointestinal: Negative for nausea, vomiting and diarrhea.

Otherwise, 13-pt ROS is negative except per HPI.

Physical Exam

Filed Vitals:

Generated on 3/28/2017 3:56 PM

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PULMONOLOGY-LUNG CTR
200 Patwood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/01/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 11/1/2016 9:57 AM (continued)

BP: 92/50
Pulse: 75
Temp: 97.5 °F (36.4 °C)
Resp: 16
SpO2: 97%

Body mass index is 21.67 kg/(m²).

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. He is active. No distress.

HENT:

Head: Normocephalic.

Nose: No mucosal edema or septal deviation.

Mouth/Throat: Oropharynx is clear and moist and mucous membranes are normal. Normal dentition.

Mallampati IV

Eyes: Right eye exhibits no discharge. Left eye exhibits no discharge.

Neck: Neck supple. No JVD present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal. No accessory muscle usage or stridor. No respiratory distress. He has no wheezes. He has rales (bilateral lower lobes, 25% thorax). He exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is no hepatosplenomegaly. There is no tenderness.

Musculoskeletal: He exhibits no edema or tenderness.

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm, dry and intact. No lesion and no rash noted. He is not diaphoretic. No cyanosis. Nails show no clubbing.

Psychiatric: He has a normal mood and affect. Judgment normal.

Labs Reviewed~

Lab Results

Component	Value	Date
GLUCOSE	156*	08/27/2016
CALCIUM	8.5	08/27/2016
NA	136	08/27/2016
K	4.3	08/27/2016
CO2	28	08/27/2016
CL	102	08/27/2016
BUN	15	08/27/2016
CREATININE	0.84	08/27/2016

Lab Results

Component	Value	Date
WBC	9.8	08/27/2016

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/01/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 11/1/2016 9:57 AM (continued)

HGB	12.6*	08/27/2016
HCT	37.0*	08/27/2016
MCV	94.0	08/27/2016
PLT	191	08/27/2016

Imaging Reviewed~

CXR 9/2016: continued bilateral lower lobe chronic lung changes

CT 8/10/16: peripherally based reticular GGO worse at bases but present in all lobes

PFT~

FVC	3.33
% Pred	78
FEV1	2.61
% Pred	82
FEV1/FVC	78
FVC (post)	3.17
% Pred	74
FEV1 (post)	2.59
% Pred	81
FEV1/FVC (post)	82
TLC	4.35
% Pred	66
RV	1.02
% Pred	45
RV/TLC	23

Mild-to-moderate restrictive defect

ASSESSMENT/PLAN

Hypersensitivity pneumonitis

ILD 2/2 chronic hypersensitivity pneumonitis/soldering fumes. Completed 8 weeks of prednisone.

1. Continue pulm rehab
2. Advised to avoid fumes/antigen causing his ILD, use PPE while at work.
3. If needs steroids again, would try ramping the dose 20mg to 40mg then back to 20mg due to his intolerance. Discussed risks of rituximab at this time and do not recommend.
4. Full PFTs on return.

Seasonal allergic rhinitis due to pollen

Pt with cough of 2 weeks.

1. Continue nasal saline sprays and gave 2 boxes of netipots
2. Added claritin qday

Snoring

ESS only 3/24, but frequent arousals.

1. PSG
2. RTC 1-2 weeks after PSG

PULMONOLOGY-LUNG CTR
200 Patwood Drive, Ste B300
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Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/01/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 11/1/2016 9:57 AM (continued)

Justin Wayne Gregg, MD

Electronically signed by Justin Wayne Gregg, MD on 11/1/2016 11:16 AM

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

User	Date & Time
RYALS, JACQUELINE	11/1/2016 10:56 AM

Disposition:

Return for 1-2 wks after sleep study(2/22/17), Battery.

Follow-up:

N/A

Instructions:

N/A

Check-out Note:

N/A

Send Reminder:

N/A

User	Date & Time
RYALS, JACQUELINE	11/1/2016 10:49 AM

Disposition:

Return for 1-2 wks after sleep study.

Follow-up:

N/A

Instructions:

N/A

Check-out Note:

N/A

Send Reminder:

N/A

Encounter-Level Documents - 11/01/2016:

Document on 11/1/2016 11:02 AM by Stacie Callahan : AVS - Outpatient (below)

PULMONOLOGY-LUNG CTR Christian, Kenneth Dorsey
 200 Patwood Drive, Ste B300 MRN: 970179298, DOB: 8/13/1950, Sex: M
 Greenville SC 29615-6338 Encounter date: 11/1/2016

Referral Order

To Provider	From Provider
	GREGG, JUSTIN WAYNE 1025 Verdae Blvd., Ste. D Greenville SC 29607 Phone: 864-455-7743 Fax: 864-455-7748

Referral Order Information:

# Visits:	Referral Type:
Urgency:	Referral Reason:
Start Date: Nov 2, 2016	End Date: To be determined by Insurer

Diagnosis: Snoring (R06.83)

Date: Nov 2, 2016

Order Details:

Sleep Lab: Adult

Has the patient had a sleep study before? No

Indication (mark all that apply): Snoring

Indication (mark all that apply): Excessive Daytime Sleepiness

Indication (mark all that apply): Heart Disease

Protocol: CMS Guidelines (adult)

Current Respiratory Therapy (specify settings in comments): None

Pre-Auth # _____

This order has been electronically signed by: GREGG, JUSTIN WAYNE Nov 2, 2016 4:18 AM

To the patient: Please allow 48 hours for to reach out to you. If you have not heard from within 48 hours, please feel free to reach out to them to schedule your appointment.

To the Recipient of this Referral: This document serves as a request of services and does not constitute Insurance authorization or approval of services. To determine eligibility, please contact the members Insurance carrier to verify and review coverage. If you have medical questions regarding this request for services, please contact Greenville Memorial Verdae Sleep Lab at 864-455-7743 between the hours of 8:00am - 5:00pm (Mon-Fri).

END OF REPORT

PULMONOLOGY-LUNG CTR Christian, Kenneth Dorsey
 200 Patewood Drive, Ste B300 MRN: 970179298, DOB: 8/13/1950, Sex: M
 Encounter date: 11/1/2016
 Greenville SC 29615-6338

Polysomnography - Split Diagnostic/PAP Titration [35169150] (continued)

Frequency: 11/01/16 -

Diagnoses

Snoring [R06.83]

Questionnaire

Question	Answer
Sleep Lab	Adult
Has the patient had a sleep study before?	No
Indication (mark all that apply)	Snoring Excessive Daytime Sleepiness Heart Disease
Protocol	CMS Guidelines (adult)
Current Respiratory Therapy (specify settings in comments)	None

Resulted: 11/02/16 0423, Result status: Final result

Polysomnography - Split Diagnostic/PAP Titration [35169153]

Ordering provider: Justin Wayne Gregg, MD 11/02/16 0418

Narrative:

Sleep Disorders Centers-at the MMOB

Christian, Kenneth

Greenville Health System

7743

Fax 864 455 7748

REFERRING M.D.: Dr..Gregg

ORDERING MD: Dr..Gregg

DATE OF RECORDING: 11/1/2016

Nassif

DATE OF SCORING: 11/10/2016

PATIENT'S NAME:

DOB: 8/13/1950P 864 455

MR#: 970179298

INTERPRETING MD: Dr. Fady

DATE INTERPRETED 11/10/2016

STUDY PERFORMED: Diagnostic Sleep Study
 Nocturnal Polysomnogram

SUMMARY:

Christian, Kenneth, 66 year old Male, height 5'9", weight 146, BMI 21.6, neck size 0in, was studied in the Sleep Disorders Center to evaluate presented complaints of excessive daytime sleepiness, snoring and witnessed apneas.

Total recording time was 412.7 minutes, with a total sleep time of 286.0 minutes and a poor sleep efficiency of 70.9% with prolonged awakenings. The patient's sleep latency was 17.0. There was a total of 8.2% REM Sleep with the REM latency of 141.5 minutes. There was 44.6% of Stage 1N sleep, 47.2% Stage 2N, 0.0% Stage 3N sleep.

Patient's snoring was noted by technologist as mild to moderate in sound level.

Respiratory analysis demonstrated 7 obstructive apneas, 0 mixed apneas, and 3 central apneas with a total of 10 apneas and an Apnea Index of 2.1. Central Apnea Index was 0.6. There were 17 hypopneas, with an Hypopnea Index of 3.6, APNEA/HYPOPNEA INDEX

PULMONOLOGY-LUNG CTR Christian, Kenneth Dorsey
 200 Patwood Drive, Ste B300 MRN: 970179298, DOB: 8/13/1950, Sex: M
 Greenville SC 29615-6338 Encounter date: 11/1/2016

(AHI) was 5.7. The patient also had 31 respiratory event related arousals (RERA) with a RESPIRATORY DISTURBANCE INDEX (RDI) of 12.2 per hour of sleep. The patient spent 44.6% of total sleep time in the supine position, with a supine RDI of 10.8, versus a non-supine RDI of 1.5. The REM RDI was 17.9, versus a non-REM RDI of 11.7. The lowest desaturation was 92, with 0.0 minutes of desaturations between 50% and 88%.

The patient had a Periodic Limb Movement (PLM) index of 0.0.

The total arousal index was 43.2. The Respiratory Arousal Index was 4.8, the Limb Arousal Index was 12.6, and the Spontaneous Arousal Index was 20.1.

ECG showed a sinus rhythm with no cardio graphic abnormalities

Impression:

DIAGNOSTIC IMPRESSION:

1. This study shows Mild Obstructive Sleep Apnea with significant sleep fragmentation.

RECOMMENDATION:

1. A trial of positional therapy by avoiding sleeping in supine position..

ICD10 Code: G47.33 Obstructive Sleep Apnea

Dr. Fady Nassif
 Board Certified, American Board of Internal Medicine, Sleep
 Medicine
 GHS Sleep Disorders Centers

Greenville Memorial Verdae Sleep Lab
 1025 Verdae Blvd., Ste. D
 Greenville SC 29607
 Phone: 864-455-7743
 Fax: 864-455-7748

Polysomnography - Split Diagnostic/PAP Titration

Patient: Kenneth Dorsey Christian		MRN: 970179298		
[REDACTED] CIR		DOB: 8/13/1950		
EASLEY SC 29640-3030		SSN: xxx-xx-1468		
Phone: 864-569-9673		Sex: M		

INSURANCE	PAYOR	PLAN	GROUP #	SUBSCRIBER ID
Primary:	CIGNA	280003	90131	177XJT713
Secondary:	MEDICARE	20003		[REDACTED]

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/23/16

Visit Summary

Reason for Visit

Follow-up

Obstructive Sleep Apnea

Diagnoses

Hypersensitivity pneumonitis - Primary

Mild obstructive sleep apnea

Problem List as of 11/23/2016

Date Reviewed: 11/23/2016

Problem	ICD-9-CM	ICD-10-CM	Priority	Class	Notes
Colon polyps	ICD-9-CM: 211.3	ICD-10-CM: K63.5			Resolved - 12/17/2015 - Present
ILD (interstitial lung disease)	ICD-9-CM: 515	ICD-10-CM: J84.9			6/28/2016 - Present
SOB (shortness of breath)	ICD-9-CM: 786.05	ICD-10-CM: R08.02			6/28/2016 - Present
Preop examination	ICD-9-CM: V72.84	ICD-10-CM: Z01.818			8/23/2016 - Present
Interstitial lung disease	ICD-9-CM: 515	ICD-10-CM: J84.9			8/26/2016 - Present
Hypersensitivity pneumonitis	ICD-9-CM: 495.9	ICD-10-CM: J67.9			9/12/2016 - Present
Snoring	ICD-9-CM: 786.09	ICD-10-CM: R06.83			11/1/2016 - Present
Seasonal allergic rhinitis due to pollen	ICD-9-CM: 477.0	ICD-10-CM: J30.1			11/1/2016 - Present

Reviewed On: 11/23/2016 By: Justin Wayne Gregg, MD

Allergies as of 11/23/2016

No Known Allergies

Immunizations

None

Vital Signs

Most recent update: 11/23/2016 1:23 PM by Alicia Michelle Sullivan

BP	HR	Temp (Site)	Resp	HT	WT
98/52 mmHg	77	97.8 °F (36.6 °C) (Oral)	16	1.753 m (5' 9")	69.037 kg (152 lb 3.2 oz)
BMI	SpO2				
22.47 kg/m2	96%				

Medical History

Medical as of 11/23/2016	Past Medical History	Date	Comments	Source
	HLIP (hyperlipidemia)			Provider
	Stented coronary artery	2002	no problems since	Provider
	Coronary artery disease		MI (no damage to heart) 2002 w/ stent	Provider
	Other PULMONARY Hx		CT of chest on EPIC from 8/10/16; 6 minute walk test on EPIC from 6/28/16	Provider

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/23/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 11/23/2016 1:32 PM (continued)



GHS Lung Center
Pulmonary Disease Associates

Follow-up and Obstructive Sleep Apnea

HPI~ Kenneth Dorsey Christian is a 66 y.o. male who presents today for scheduled follow-up. Pt was worked up for ILD and on VATs bx 8/26 results showed chronic hypersensitivity pneumonitis thought secondary to soldering fumes. Review by S-K agreed with path results. Pt was started on prednisone 8/29 at 40mg and tapered down to 5mg with last dose 10/30. He did not tolerate prednisone well so was not on high-dose for long. He had significant anxiety and wt loss which was possibly due to the prednisone with afrin and albuterol. He reports continued improved with pulm rehab with improved exercise tolerance. He is still using incentive spirometry with over 2L volumes. He has had wt gain and is back to 152 lbs. He is returning to work on 11/28 and has plans for PPE and ventilation. He is retiring in dec/january. Currently having mild-moderate SOB that is brought on by moderate exertion. SOB recovers with rest. SOB ultimately present since 2014. Pt is using nasal saline spray and netipot for sinuses. No fevers or chills. He is helping his wife recover from hip surgery since 10/17. Pt declined flu vaccine and pneumococcal vaccine.

Pt with snoring, BT 11PM, WT 7AM, wakes up 3-4x/night for urination, does not wake up gasping for air, feels partially refreshed in AM, no naps, ESS 3/24. PSG showed AHI 5.7 and L-SAT 92%.

Per prior notes: Prior to starting steroids he would only get SOB with inclines and stairs, which has been present since approx 2014. He used to have thick clear jelly phlegm worse in the AM. Negative serologies including ANA and hypersensitivity panel. Prior bronchoscopy on 12/2015 showed BAL of 26% eos and CBC had 9% eos. +skin test to mold. He was previously tried on prednisone with great success.

Medications

Current outpatient prescriptions:

- aspirin (ECOTRIN) 81 mg EC tablet, Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention. , Disp: , Rfl:
- atorvastatin (LIPITOR) 40 mg tablet, Take 40 mg by mouth daily Indications: Hypercholesterolemia. , Disp: , Rfl:
- cholecalciferol, vitamin D3, 1,000 unit tablet, Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency. , Disp: , Rfl:
- CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL), Take 1,000 mcg by mouth daily. , Disp: , Rfl:
- esomeprazole (NEXIUM) 40 MG capsule, Take 40 mg by mouth daily Indications: Heartburn. , Disp: , Rfl:
- loratadine (CLARITIN) 10 mg tablet, Take 1 tablet (10 mg) by mouth daily., Disp: 30 tablet, Rfl: 3
- NITROSTAT 0.4 mg SL tablet, 0.4 mg every 5 (five) minutes as needed. , Disp: , Rfl: 99
- ONETOUCH DELICA LANCETS 33 gauge, , Disp: , Rfl: 3
- ONETOUCH ULTRA TEST, , Disp: , Rfl: 3
- VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL), Take 1 tablet by mouth daily. , Disp: , Rfl:

PULMONOLOGY-LUNG GTR
200 Patwood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/23/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 11/23/2016 1:32 PM (continued)

- albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler, inhale 2 puffs every 6 (six) hours as needed for wheezing., Disp: 1 Inhaler, Rfl: 6
- DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL), Take 1,200 mg by mouth daily., Disp: , Rfl:
- docusate sodium (COLACE) 100 mg capsule, Take 1 capsule (100 mg) 2 (two) times a day., Disp: 60 capsule, Rfl: 0
- ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet, Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting., Disp: 40 tablet, Rfl: 0
- oxyCODONE (ROXICODONE) 5 mg immediate release tablet, Take 5 mg by mouth as needed for moderate pain., Disp: , Rfl:
- oxymetazoline (AFRIN) 0.05 % nasal spray, by Each Nare route 2 (two) times a day., Disp: , Rfl:
- predniSONE (DELTASONE) 5 mg tablet, Take 1 tablet (5 mg) by mouth daily. 1 tab daily until finished and then STOP, Disp: 10 tablet, Rfl: 0
- sod bicarb-sod chlor-netl pot (NEILMED NASAFLO), 1 Package into each nostril daily., Disp: 1 each, Rfl: 0

Past Medical History

- HLD (hyperlipidemia)
- Stented coronary artery 2002
no problems since
- Coronary artery disease
MI (no damage to heart) 2002 w/ stent
- Other PULMONARY Hx
CT of chest on EPIC from 8/10/16; 6 minute walk test on EPIC from 6/28/16
- Other PULMONARY Hx
SOB on exertion

Past Surgical History

- Colonoscopy 2007; 2016
scattered diverticula, sm int hemorrhoids-Dr. Rinkliff
- Sinus surgery 2005

Social History

- Marital Status: Married
- Spouse Name: N/A
- Number of Children: N/A
- Years of Education: N/A

Occupational History

- Not on file.

Social History - Risk Factors

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Yes
Comment: rarely
- Drug Use: No
- Sexual Activity: Not on file

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/23/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 11/23/2016 1:32 PM (continued)

Chief Complaint
• Not on file

Social History Narrative

Family History

Condition	Relation	Age at Onset
• Cancer	Mother	
• Lung cancer	Father	
• Cancer	Brother	

ROS

Review of Systems

Constitutional: Negative for fever, chills and unexpected weight change.

HENT: Negative for nosebleeds, postnasal drip and sinus pressure.

Respiratory: Positive for cough. Negative for shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for nausea, vomiting and diarrhea.

Positive for reflux

Otherwise, all other ROS was reviewed and is negative except per HPI.

Physical Exam

Vital Signs:
11/23/16 1:22

BP:	98/52
Pulse:	77
Temp:	97.8 °F (36.6 °C)
Resp:	16
SpO2:	96%

Body mass index is 22.47 kg/(m²).

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. He is active. No distress.

HENT:

Head: Normocephalic.

Nose: No mucosal edema or septal deviation.

Mouth/Throat: Oropharynx is clear and moist and mucous membranes are normal. Normal dentition.

Eyes: Right eye exhibits no discharge. Left eye exhibits no discharge.

Neck: Neck supple. No JVD present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal. No accessory muscle usage or stridor. No respiratory distress. He has no wheezes. He has rales (1/3 bilateral chest). He exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is no hepatosplenomegaly. There

PULMONOLOGY-LUNG CTR
200 Patwood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/23/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 11/23/2016 1:32 PM (continued)

is no tenderness.

Musculoskeletal: He exhibits no edema or tenderness.

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm, dry and intact. No lesion and no rash noted. He is not diaphoretic. No cyanosis. Nails show no clubbing.

Psychiatric: He has a normal mood and affect. Judgment normal.

Labs Reviewed~

Lab Results

Component	Value	Date
GLUCOSE	156*	08/27/2016
CALCIUM	8.5	08/27/2016
NA	136	08/27/2016
K	4.3	08/27/2016
CO2	28	08/27/2016
CL	102	08/27/2016
BUN	15	08/27/2016
CREATININE	0.84	08/27/2016

Lab Results

Component	Value	Date
WBC	9.8	08/27/2016
HGB	12.6*	08/27/2016
HCT	37.0*	08/27/2016
MCV	94.0	08/27/2016
PLT	191	08/27/2016

Imaging Independently Reviewed~

CT 11/2016: chronic b/l reticulonodular pattern in b/l lower lobes, unchanged

CXR 9/2016: continued bilateral lower lobe chronic lung changes

CT 8/10/16: peripherally based reticular GGO worse at bases but present in all lobes

PFT Independently Reviewed~

Component	Value	Date
FVC	3.33	08/20/2016
% Pred	78	
FEV1	2.61	
% Pred	82	
FEV1/FVC	78	
FVC (post)	3.17	
% Pred	74	
FEV1 (post)	2.59	
% Pred	81	
FEV1/FVC (post)	82	
TLC	4.35	

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 11/23/16

Progress Notes (continued)

Justin Wayne Gregg, MD at 11/23/2016 1:32 PM (continued)

% Pred	66
RV	1.02
% Pred	45
RV/TLC	23

Mild-to-moderate restrictive defect

ASSESSMENT/PLAN

Hypersensitivity pneumonitis

ILD 2/2 chronic hypersensitivity pneumonitis/soldering fumes. Completed 8 weeks of prednisone.

1. Continue pulm rehab
2. Advised to avoid fumes/antigen causing his ILD, use PPE while at work.
3. If needs steroids again, would try ramping the dose 20mg to 40mg then back to 20mg due to his intolerance. Discussed risks of rituximab at this time and do not recommend.
4. Full PFTs on return
5. F/U CT thorax scheduled 12/21/16
6. Pt decline flu and pneumococcal vaccinations
7. RTC 2 months

Mild obstructive sleep apnea

Pt has mild sleep apnea with AHI 5.7, no significant oxygenation issues. Pt currently would not want the mask and will try sleeping on his sides. ?dental appliance may be an option in the future.

Time spent in room 15 minutes.

Justin Wayne Gregg, MD

Electronically signed by Justin Wayne Gregg, MD on 12/6/2016 10:02 AM

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

RYALS, JACQUELINE

11/23/2016 2:09 PM

Disposition:

Return in about 2 months (around 1/23/2017) for PFT/DLCO/LV.

Follow-up:

N/A

Instructions:

N/A

Check-out Note:

N/A

Send Reminder:

N/A

Encounter-Level Documents - 11/23/2016:

Generated on 3/28/2017 3:56 PM

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PULMONOLOGY-LUNG CTR
200 Patwood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 02/09/17

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Justin Wayne Gregg, MD at 2/9/2017 10:59 AM

Author Type: Physician

Status: Signed



GHS Lung Center
Pulmonary Disease Associates

Follow-up and Hypersensitivity Pneumonitis

HPI~ Kenneth Dorsey Christian is a 66 y.o. male who presents today for scheduled follow-up. Pt is being followed for ILD with VATs bx 8/26 showing chronic hypersensitivity pneumonitis thought secondary to soldering fumes (S-K agreed with path results). Since last visit, pt has had a CT scan showing unchanged lung disease. Pt has PFTs today showing 3% decrease in TLC but remains unchanged. He has since retired at the beginning of the year and is enjoying life. He got a membership at Planet Fitness and goes approx 3/week and does 30 minutes of cardio and does some wt lifting as well. He has lost some weight and is taking boost and encouraged him to increase protein intake. He still gets mild-moderate SOB with hills and inclines and especially winded after 5 minutes of a stair climber machine. SOB recovers with rest. He has had a chronic daily moderate cough that is worse in the AM. It is productive of beige/tan sputum and is moderately thick. It is slightly better since retiring but still present. He has tried mucinex with some help. He was using nasal saline spray and netipol for sinuses with mild improvement. No fevers or chills. Pt previously declined vaccines but took pneumococcal vaccine 1/2017 at Walgreens.

Pt with snoring and some symptoms of sleep apnea with PSG showing AHI 5.7 and L-SAT 92%. Pt reports still feeling well with good sleep. ESS 6/24 today.

Per prior notes: Prior to starting steroids he would only get SOB with inclines and stairs, which has been present since approx 2014. Negative serologies including ANA and hypersensitivity panel. Prior bronchoscopy on 12/2015 showed BAL of 26% eos and CBC had 9% eos. +skin test to mold. He was previously tried on prednisone with great success. He had VATs bx 8/26 results showed chronic hypersensitivity pneumonitis thought secondary to soldering fumes. Pt was started on prednisone 8/29 at 40mg and tapered down to 5mg with last dose 10/30. He did not tolerate prednisone well so was not on high-dose for long. He had significant anxiety and wt loss which was possibly due to the prednisone with albuterol and albuterol. He had improved exercise tolerance with pulm rehab. He is still using incentive spirometry with over 2L volumes.

PULMONOLOGY-LUNG CTR
200 Patwood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 02/09/17

Progress Notes (continued)

Justin Wayne Gregg, MD at 2/9/2017 10:59 AM (continued)

Medications

Current outpatient prescriptions:

- aspirin (ECOTRIN) 81 mg EC tablet, Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention. , Disp: , Rfl:
- atorvastatin (LIPITOR) 40 mg tablet, Take 40 mg by mouth daily Indications: Hypercholesterolemia. , Disp: , Rfl:
- cholecalciferol, vitamin D3, 1,000 unit tablet, Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency. , Disp: , Rfl:
- CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL), Take 1,000 mcg by mouth daily. , Disp: , Rfl:
- esomeprazole (NEXIUM) 40 MG capsule, Take 40 mg by mouth daily Indications: Heartburn. , Disp: , Rfl:
- loratadine (CLARITIN) 10 mg tablet, Take 1 tablet (10 mg) by mouth daily., Disp: 30 tablet, Rfl: 3
- NITROSTAT 0.4 mg SL tablet, 0.4 mg every 5 (five) minutes as needed. , Disp: , Rfl: 99
- ONETOUCH DELICA LANCETS 33 gauge, , Disp: , Rfl: 3
- ONETOUCH ULTRA TEST, , Disp: , Rfl: 3
- sod bicarb-sod chlor-neti pot (NEILMED NASAFLO), 1 Package into each nostril daily., Disp: 1 each, Rfl: 0
- VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL), Take 1 tablet by mouth daily. , Disp: , Rfl:
- albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation Inhaler, Inhale 2 puffs every 6 (six) hours as needed for wheezing., Disp: 1 Inhaler, Rfl: 6
- cetirizine (Zyrtec) 10 mg tablet, Take 1 tablet (10 mg) by mouth daily., Disp: 30 tablet, Rfl: 11
- DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL), Take 1,200 mg by mouth daily., Disp: , Rfl:
- docusate sodium (COLACE) 100 mg capsule, Take 1 capsule (100 mg) 2 (two) times a day., Disp: 60 capsule, Rfl: 0
- ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet, Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting., Disp: 40 tablet, Rfl: 0
- oxyCODONE (ROXICODONE) 5 mg immediate release tablet, Take 5 mg by mouth as needed for moderate pain., Disp: , Rfl:
- oxymetazoline (AFRIN) 0.05 % nasal spray, by Each Nare route 2 (two) times a day., Disp: , Rfl:
- predniSONE (DELTASONE) 5 mg tablet, Take 1 tablet (5 mg) by mouth daily. 1 tab daily until finished and then STOP, Disp: 10 tablet, Rfl: 0

Past Medical History

- HLD (hyperlipidemia)
- Stented coronary artery 2002
no problems since
- Coronary artery disease
MI (no damage to heart) 2002 w/ stent
- Other PULMONARY Hx
CT of chest on EPIC from 8/10/16; 6 minute walk test on EPIC from 6/28/16
- Other PULMONARY Hx
SOB on exertion

Past Surgical History

- Colonoscopy 2007; 2016
scattered diverticula, sm int hemorrhoids-Dr. Rinkliff

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 02/09/17

Progress Notes (continued)

Justin Wayne Gregg, MD at 2/9/2017 10:59 AM (continued)

Sinus surgery

2005

Social History

Social History

- Marital Status: Married
- Spouse Name: N/A
- Number of Children: N/A
- Years of Education: N/A

Occupational History

- Not on file.

Social History - Habits

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Yes
Comment: rarely
- Drug Use: No
- Sexual Activity: Not on file

Chief Complaint

- Not on file

Social History - Narrative

Family History

Family History

- Cancer Mother
- Lung cancer Father
- Cancer Brother

ROS

Review of Systems

Constitutional: Positive for unexpected weight change. Negative for fever, chills and fatigue.

HENT: Positive for postnasal drip. Negative for congestion, nosebleeds, sinus pressure, sneezing and sore throat.

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

Chest congestion

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

Gastrointestinal: Negative for nausea, vomiting and diarrhea.

Positive for reflux

Neurological: Negative for dizziness, light-headedness and headaches.

Otherwise, all other ROS was reviewed and is negative except per HPI.

Physical Exam

Physical Exam

Filed Vitals: 02/09/17 09:56

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 02/09/17

Progress Notes (continued)

Justin Wayne Gregg, MD at 2/9/2017 10:59 AM (continued)

BP: 118/52
Pulse: 77
Temp: 97.5 °F (36.4 °C)
Resp: 16
SpO2: 97%

Body mass index is 23 kg/(m²).

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. He is active. No distress.

HENT:

Head: Normocephalic.

Nose: No mucosal edema or septal deviation.

Mouth/Throat: Oropharynx is clear and moist and mucous membranes are normal. Normal dentition.

Eyes: Right eye exhibits no discharge. Left eye exhibits no discharge.

Neck: Neck supple. No JVD present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal. No accessory muscle usage or stridor. No respiratory distress. He has no wheezes. He has rales (1/3 bilateral chest). He exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is no hepatosplenomegaly. There is no tenderness.

Musculoskeletal: He exhibits no edema or tenderness.

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm, dry and intact. No lesion and no rash noted. He is not diaphoretic. No cyanosis. Nails show no clubbing.

Psychiatric: He has a normal mood and affect. Judgment normal.

Labs Reviewed~

Lab Results

Component	Value	Date
GLUCOSE	156*	08/27/2016
CALCIUM	8.5	08/27/2016
NA	136	08/27/2016
K	4.3	08/27/2016
CO2	28	08/27/2016
CL	102	08/27/2016
BUN	15	08/27/2016
CREATININE	0.84	08/27/2016

Lab Results

Component	Value	Date
WBC	9.8	08/27/2016
HGB	12.6*	08/27/2016
HCT	37.0*	08/27/2016

PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 02/09/17

Progress Notes (continued)

Justin Wayne Gregg, MD at 2/9/2017 10:59 AM (continued)

MCV	94.0	08/27/2016
PLT	191	08/27/2016

Imaging Independently Reviewed~

CT 8/10/16: peripherally based reticular GGO worse at bases but present in all lobes
CXR 9/2016: continued bilateral lower lobe chronic lung changes
CT 11/2016: chronic b/l reticulonodular pattern in b/l lower lobes, unchanged
CT 12/2016: unchanged b/l ILD

PFT Independently Reviewed~

	8/29/2016	2/9/2017
FVC	3.33	2.9
% Pred	78	68
FEV1	2.61	2.49
% Pred	82	79
FEV1/FVC	78	86
FVC (post)	3.17	-
% Pred	74	-
FEV1 (post)	2.59	-
% Pred	81	-
FEV1/FVC (post)	82	-
TLC	4.35	4.2
% Pred	66	63
RV	1.02	1.18
% Pred	45	52
RV/TLC	23	28
DLCO	-	10.6
% Pred	-	44

2/9/17: Moderate restrictive defect with moderately reduced dlco

ASSESSMENT/PLAN

Hypersensitivity pneumonitis

Pt with ILD 2/2 chronic hypersensitivity pneumonitis/soldering fumes. He completed approx 8 weeks of prednisone with some improvements in his symptoms when combined with pulmonary rehab. He had issues with higher doses of steroids felt to be worsened by albuterol and prolonged afrin use. Symptoms were anxiety and wt loss. PFTs are stable with 3% decrease in TLC.

1. Advised to keep exercising as tolerated and has completed pulm rehab
2. He has retired so shouldn't be exposed to soldering fumes anymore, so disease process hopefully won't worsen; however, if it does and he needs high-dose steroids again, will slowly increase steroids as tolerated until achieving desired dose. Still questioning whether this is truly chronic eosinophilic pneumonia as opposed to hypersensitivity pneumonitis.
3. Given his relative stability, will repeat spirometry in 6 months and reassess.
4. RTC 6 months

Cough

Pt with chronic cough and certainly could be due to his ILD but he also has significant UA syndrome symptoms.

1. Advised to continue nasal sprays/neti pot but also add zyrtec (or other antihistamine) to see response.

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PULMONOLOGY-LUNG CTR
200 Patewood Drive, Ste B300
Greenville SC 29615-6338
Amb Encounter Report

CHRISTIAN, KENNETH DORSEY
MRN: 970179298
DOB: 8/13/1950, Sex: M
Enc. Date: 02/09/17

Progress Notes (continued)

Justin Wayne Gregg, MD at 2/9/2017 10:59 AM (continued)

Mild obstructive sleep apnea

Stable with mild sleep apnea with AHI 5.7, no significant oxygenation issues. Pt currently would not want the mask and will try sleeping on his side. ?dental appliance may be an option in the future, but he reports doing well and ESS 6/24 today.

Justin Wayne Gregg, MD

Electronically signed by Justin Wayne Gregg, MD on 2/9/2017 2:19 PM

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

Link	Date & Time
SOTO, MAYDA	2/9/2017 11:55 AM

Disposition:

Return in about 6 months (around 8/9/2017) for W/PFT- Dr.Cochrane.

Follow-up:

N/A

Instructions:

N/A

Check-out Note:

N/A

Send Reminder:

N/A

Encounter-Level Documents - 02/09/2017:

Document on 2/9/2017 11:57 AM by Stacie Callahan : AVS - Outpatient (below)

PULMONOLOGY-LUNG CTR Christian, Kenneth Dorsey
 200 Patewood Drive, Ste B300 MRN: 970179298, DOB: 8/13/1950, Sex: M
 Greenville SC 29615-6338 Encounter date: 4/4/2017
 Amb Encounter Report

Telephone Encounter (continued)

Call Information (continued)

	Provider	Department	Center
4/4/2017 11:40 AM	Leonard James Cochrane Jr., MD	Pulmonology-Patewood	PTWD CENTERS

Reason for Call

Cough
 Interstitial Lung Disease

Call Documentation

No notes of this type exist for this encounter.

Care Advice Given

No Care Advice given for this encounter.

Orders

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Leonard James Cochrane Jr., MD at 4/4/2017 12:00 PM

Author Type: Physician

Status: Signed

Chief Complaint:

Cough and Interstitial Lung Disease

HPI:

Kenneth Dorsey Christian is a 66 y.o. male patient previously of Dr. Gregg who asked to be seen as a sick working for cough. Patient is a lifelong nonsmoker.

Patient has interstitial lung disease shown by VATS biopsy 8/26/16 with pathology showing chronic hypersensitivity pneumonitis thought secondary to soldering fumes. Patient was on prednisone starting at 40 mg day beginning 8/29 and was tapered off on 10/30/16. Patient had anxiety and weight loss on the prednisone but also feels that the Afrin he was taken at this time may have contributed. He tolerated prednisone in the past without difficulty. Because of his problems with the prednisone, the fact that his point function tests were stable and because he was able to be very active he was kept off of the prednisone as long as he was doing well. Patient exercises 3 times a week at the gym with 30 minutes of cardio. Patient refuses influenza vaccine. We have confirmed he received Prevnar 13 on 12/13/16 at Walgreens in Easley.

The patient has had 2 weeks of significant increased phlegm production that is slightly yellow or Bache in color. He has been without fever or chills.

PULMONOLOGY-LUNG CTR Christian, Kenneth Dorsey
 200 Patewood Drive, Ste B300 MRN: 970179298, DOB: 8/13/1950, Sex: M
 Greenville SC 29615-6338 Encounter date: 4/4/2017
 Amb Encounter Report

Progress Notes (continued)

Leonard James Cochrane Jr., MD at 4/4/2017 12:00 PM (continued)

Medications:

Pulmonary Medications

Non-Pulmonary Medications

	Instructions
albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.
aspirin (ECOTRIN) 81 mg EC tablet	Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention.
atorvastatin (LIPITOR) 40 mg tablet	Take 40 mg by mouth daily Indications: Hypercholesterolemia.
cholecalciferol, vitamin D3, 1,000 unit tablet	Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency.
CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 ORAL)	Take 1,000 mcg by mouth daily.
esomeprazole (NexIUM) 40 MG capsule	Take 40 mg by mouth daily Indications: Heartburn.
NITROSTAT 0.4 mg SL tablet	0.4 mg every 5 (five) minutes as needed.
ONETOUGH DELICA LANCETS 33 gauge	
ONETOUGH ULTRA TEST	
VITAMIN B COMPLEX & VIT C NO.4 (SUPER B COMPLEX + C ORAL)	Take 1 tablet by mouth daily.
docusate sodium (COLACE) 100 mg capsule	Take 1 capsule (100 mg) 2 (two) times a day.
ondansetron (ZOFTRAN ODT) 4 mg disintegrating tablet	Place 1 tablet (4 mg) under the tongue 3 (three) times a day as needed for nausea or vomiting.

ROS

Review of Systems

HENT: Positive for congestion, postnasal drip and rhinorrhea.

Respiratory: Positive for cough and wheezing.

Cardiovascular: Positive for chest pain.

Gastrointestinal: Negative.

Neurological: Negative.

Objective:

Physical Exam

Constitutional: No distress.

HENT:

PULMONOLOGY-LUNG CTR Christian, Kenneth Dorsey
 200 Patewood Drive, Ste B300 MRN: 970179298, DOB: 8/13/1950, Sex: M
 Greenville SC 29615-6338 Encounter date: 4/4/2017
 Amb Encounter Report

Progress Notes (continued)

Leonard James Cochrane Jr., MD at 4/4/2017 12:00 PM (continued)

Head: Normocephalic.

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

Neck: Neck supple. No JVD present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds.

Pulmonary/Chest: No stridor. No respiratory distress. He has no wheezes. He has rales.

Dry crackles bilaterally.

Abdominal: Soft. Bowel sounds are normal. There is no tenderness.

Musculoskeletal: Normal range of motion. He exhibits no edema or tenderness.

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: He is alert.

Skin: No rash noted. Nails show clubbing.

Lab Review:

CXR

Chest x-ray today independently reviewed by me. Shows stable chronic interstitial changes. There is no acute infiltrate.

Assessment/Plan:

Acute bronchitis due to infection

Patient without anabolic allergies. He prefers on amoxicillin. I'll prescribe Augmentin 500 twice a day for 7 days.

Hypersensitivity pneumonitis

Patient with lung biopsy as above. He has been stable with his pulmonary function test and very active. We will continue off prednisone as long as he is doing well. Will see the patient in August and obtain PFTs with lung volume and DLCO at that time. Patient is also due for Pneumovax next December. He refuses influenza vaccine.

FOLLOW UP:

Return in about 4 months (around 8/4/2017) for PFT/DLCO.

Complete By:

Leonard James Cochrane Jr, MD
 4/4/2017

Electronically signed by Leonard James Cochrane Jr., MD on 4/4/2017 12:55 PM

H&P Notes

No notes of this type exist for this encounter.

PULMONOLOGY-LUNG CTR Christian, Kenneth Dorsey
200 Patewood Drive, Ste B300 MRN: 970179298, DOB: 8/13/1950, Sex: M
Greenville SC 29615-6338 Encounter date: 4/4/2017
Amb Encounter Report

Follow-up and Disposition History

04/04/2017 1239 - Sandra Sacnicte Estevane, LPN

Disposition: Return in about 4 months (around 8/4/2017) for PFT/DLCO.

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

PULMONOLOGY-LUNG CTR Christian, Kenneth Dorsey
 200 Patewood Drive, Ste B300 MRN: 970179298, DOB: 8/13/1950, Sex: M
 Greenville SC 29615-6338 Encounter date: 8/17/2017
 Amb Encounter Report

Orders (continued)

All Orders and Results Except Lab and Imaging

No orders and results found

Result Summary

All Lab and Imaging Orders and Results

No orders and results found

Progress Notes

Leonard James Cochrane Jr., MD at 8/17/2017 4:01 PM

Author Type: Physician

Status: Signed

Chief Complaint:

Interstitial Lung Disease

HPI:

Kenneth Dorsey Christian is a 67 y.o. male previously followed by Dr. Gregg for interstitial lung disease. Patient is a lifelong nonsmoker.

Patient had a VATS biopsy 8/26/16 with pathology showing chronic hypersensitivity pneumonitis. This has been felt secondary to soldering fumes and the patient no longer works in this environment. He was started on prednisone 8/29/16 and tapered off on 10/30/16. Patient had anxiety and weight loss at the time he was on prednisone but he was thinking that Afrin was contributing to his anxiety as she had tolerated prednisone in the past. Patient had shortness of breath since last visit and was prescribed Breo 5/8 which has helped his shortness breath. He is active including one and half miles on the treadmill. Patient has received Prevnar 13 on 12/2016 and is due Pneumovax 12/2017. He refuses influenza vaccine.

Medications:

Pulmonary Medications

	Instructions
fluticasone-vilanterol (BREO ELLIPTA) 100-25 mcg/dose inhaler	Inhale 1 puff daily.
predniSONE (DELTASONE) 20 mg tablet	Take 2 tablets (40 mg) by mouth daily.

Non-Pulmonary Medications

	Instructions
albuterol (VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.
aspirin (ECOTRIN) 81 mg EC tablet	Take 81 mg by mouth daily Indications: Myocardial Infarction Prevention.
atorvastatin (LIPITOR) 40 mg tablet	Take 40 mg by mouth daily Indications: Hypercholesterolemia.
cholecalciferol, vitamin D3, 1,000 unit tablet	Take 1,000 Units by mouth daily Indications: Prevention of Vitamin D Deficiency.