

MARION GENERAL HOSPITAL  
1000 McKinley Park Dr.  
Marion, Ohio 43302

Joshi

IMAGING

PATIENT NAME: MARVIN, DONALD E  
D.O.B. 10/27/1944  
ORDERING MD: Alan Gatz, M.D.  
REFERRING MD: Amy Phillips, PA  
MINIMUM  
ROOM:

MED REC NUMBER: 066127  
BILLING NUMBER: 7859705  
PACS NUMBER: 17859705  
EXAM: FINGER/THUMB 2 VIEWS  
DATE OF EXAM: 12/24/2003 12:17

SYMPTOMS/INDICATIONS: FALL

Three views of the right middle finger: I do not appreciate any fracture or other acute abnormality. There is some very minimal hypertrophic arthritic change at the DIP joint of the middle finger. Actually more significant DIP joint arthritic change is appreciated in the index finger which is partially included on the images.

Impression:

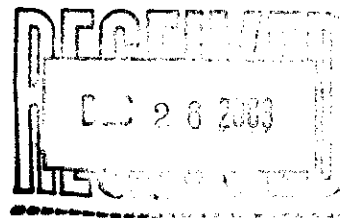
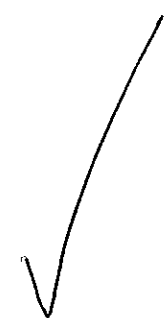
1. Minimal degenerative arthritic change in the DIP joint of the middle finger without acute abnormalities.
2. Incidental note is made of moderately prominent degenerative arthritic change in the DIP joint of the index finger.

Edwin Davy, M.D.

This document has been electronically verified and signed by the above signed dictating physician.

/PWS0902 D 12/24/2003 12:17  
E 00/00/0000 00:00  
MGH

S 12/24/2003 12:19  
U 12/24/2003 12:29



# UNIVERSITY CENTER IMAGING



RE: MARVIN, DONALD ID #: 17167  
DOB: 10/27/1944

DATE: 12/23/2003

TO: RAJKUMAR JOSHI, M.D.  
1728 Marion Waldo Road  
Marion, OH 43302  
PHONE: (740) 389-2297 FAX: (740) 309-2427

HISTORY: Patient complaining of pain proximal metacarpals due to fall with a lot of swelling.

EXAM: Right hand:

Findings:

- 1) There is considerable soft tissue swelling around metacarpals.
- 2) There are moderate to severe mixed and/or erosive osteoarthritic changes of the interphalangeal joints of the hand most pronounced in the case of index and middle fingers. There may be a recent or subacute fracture through base of the distal phalanx of the index finger suspected on AP and oblique projections however is not confirmed on lateral projection. Correlation and follow up therefore is encouraged.
- 3) No other significant findings

IMPRESSION:

- 1) Considerable soft tissue swelling.
- 2) Moderate to severe erosive osteoarthritic changes of the hand.
- 3) Rule out a subacute fracture of the adjacent aspects of the middle and distal phalanges of the right index finger by correlation and follow up.

Thank you for referring this patient to us.

*Wirk, MD*

ALAM WIRK, MD

*copy made  
on no appt.  
Dr. Nowacki*

d:12/23/2003  
t:12/23/2003

**FAXED**

**RECEIVED**  
DEC 24 2003  
REGISTRATION

REVIEWED AND APPROVED BY ALAM WIRK, MD

# REQUEST FOR EXAMINATION

## PATIENT INFORMATION / EXAMINATION-RELATED INFORMATION

NAME: Donald Marvin

DATE OF BIRTH: 10-27-44

DAYTIME PHONE: (740) 382-4849

EVENING PHONF: ( )

DATE & TIME FOR WHICH EXAM IS REQUESTED:

PATIENT HISTORY / REASON FOR REQUESTING EXAM: HAND PAIN

PATIENT PRECAUTIONS / CONDITIONS (pregnancy, allergies, implants, diabetes, etc.):

REFERRING PHYSICIAN (print name): DR. Raj Kumar Joshi PHONE: 7403892297 FAX: 389-2427

FILMS TO GO WITH PATIENT	YES	NO	WET READING	YES	NO
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### BONE X-RAY

- AC JOINTS
- ANKLE COMPLETE L R
- ANKLE ACJF
- BONE LENGTH
- BONE SURVEY
- BONE SURVEY-CHILD
- CLAVICLE L R
- ELBOW L R
- FEMUR L R
- FINGER L R
- FOOT L R
- FOREARM L R
- HAND L R
- HIP L R
- HUMERUS L R
- KNEE-ROUTINE L R
- KNEE W/OBLS L R
- LOWER LEG-TIBIA/FIBULA L R
- OS CALCIS (Heel) L R
- PELVIS
- SCAPULA L R
- SHOULDER L R
- STERNUM
- TOE L R
- WRIST L R

### BONE DENSITY DEXASCAN

- HIP/FEMUR-ROUTINE
- L-SPINE
- FOREARM

### HEAD & SPINE

- SCOLIOSIS STUDY
- CERVICAL SPINE
- CERVICAL SPINE W/FLEX/EXT
- THORACIC SPINE
- LUMBAR SPINE ROUTINE
- LUMBAR SPINE W/OBLS
- SACRUM & COCCYX
- SI JOINTS
- SINUSES - ROUTINE
- SKULL X-RAY (4 Views)
- FACIAL BONES (3 Views)
- MANDIBLE
- NASAL BONE
- TM JOINTS
- NECK SOFT TISSUE
- ORBITS

### CHEST X-RAY

- CHEST SINGLE VIEW
- CHEST X-RAY ROUTINE
- CHEST (w/Decubitus)
- CHEST (w/Apical)
- CHEST (w/Fluoroscopy)
- RIBS
- OTHER

### GENITOURINARY

- IVP
- VCUG
- URETHROGRAM
- HYSTEROSALPINGOGRAM
- OTHER
- OTHER

### GASTROINTESTINAL TRACT

- ABDOMEN-KUB
- ADDOMEN-DECUBITUS
- ABDOMEN-ACUTE ABD. SERIES
- ESOPHAGRAM
- UPPER G.I.
- UPPER G.I. & ESOPHAGRAM
- UPPER G.I. & SMALL BOWEL
- SMALL BOWEL
- BARIUM ENEMA-W/AIR
- BARIUM ENEMA
- ORAL CHOLECYSTOGRAM
- OTHER
- OTHER

### ULTRASOUND

- PELVIC (Complete)
- OBSTETRICAL ULTRASOUND
- ABDOMINAL ULTRASOUND
- AORTIC ULTRASOUND
- RENAL ULTRASOUND
- BLADDER I/I TRANSITING
- SCROTUM ULTRASOUND
- BREAST ULTRASOUND
- CAROTID ULTRASOUND
- THYROID ULTRASOUND
- VENOUS DOPPLER LEG
- ECHOCARDIOGRAM
- PROSTATE
- OTHER

### C.T.

- with contrast  without contrast
- SPECIAL ATTENTION:
- ABDOMEN
  - ABDOMEN & PELVIS
  - PELVIS
  - CHEST
  - BRAIN
  - IAC
  - PITUITARY
  - SINUSES LIMITED
  - SINUSES COMPLETE
  - SOFT TISSUE NECK
  - CERVICAL SPINE
  - THORACIC SPINE
  - LUMBAR SPINE
  - UPPER EXTREMITY
  - LOWER EXTREMITY
  - RENAL STONE
  - AORTIC GRAFT
  - OTHER

### MRI

- with contrast  without contrast
- SPECIAL ATTENTION:
- BRAIN
  - PITUITARY
  - TEMPORAL BONE
  - C. SPINE
  - T. SPINE
  - L. SPINE
  - SHOULDER
  - UPPER EXTREMITY
  - KNEE
  - LOWER EXTREMITY
  - ABDOMEN
  - PELVIS
  - HIP
  - ORBIT
  - NECK
  - OTHER
  - MRCP

### MR ANGIOGRAPHY-MRA

- BRAIN
- CAROTID
- AORTA
- LOWER EXTREMITY
- ABDOMEN
- CHEST

### MAMMOGRAPHY

- UNILATERAL DIAGNOSTIC
- BILATERAL DIAGNOSTIC
- UNILATERAL SCREENING
- BILATERAL SCREENING
- OTHER

**FAXED**

Dr. Raj Kumar Joshi MD  
Referring Physician (signature here)

COPY TO: \_\_\_\_\_

**MAYANK K. SHAH, M.D., F.A.C.C.**

1051 HARDING MEMORIAL PARKWAY

SUITE A

MARION, OH 43302

Telephone (740) 382-6900

Fax (740) 387-0577

Diplomat: American Board of  
Internal Medicine and Subspecialty  
Cardiovascular Disease

Noninvasive and  
Invasive Cardiology

**ADENOSINE MYOCARDIAL PERFUSION IMAGING REPORT**

NAME: Marvin, Donald    DOB: 10-27-44    DATE OF EXAM: 11-17-03

ORDERING PHYSICIAN: Dr. Shah    REF. PHYSICIAN: Dr. Joshi

CLINICAL DATA: Chest pain, Coronary artery disease

**METHOD:** The patient underwent adenosine infusion in conjunction with low level treadmill exercise. A dose of 140 mcg/kg/min. of adenosine was given over 4 minutes for a total dose of 49.2mg. At three minutes into the infusion a dose of 30.2 mCi of Tc-99m sestamibi was administered and post-stress images of the heart were acquired. This included electrocardiogram-gated images to assess left ventricular systolic function.

A two-day protocol was used and the patient received a resting dose of 30.9 mCi Tc-99m sestamibi intravenously and 90 minutes later SPECT images of the heart were obtained.

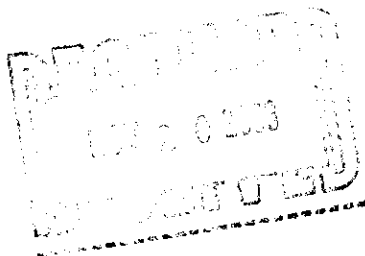
**FINDINGS:** The patient developed no symptoms during adenosine infusion.  
The hemodynamic response was normal.

The electrocardiogram response to adenosine was normal.

On post-stress images the heart size is normal and there is uniform uptake of sestamibi in all myocardial regions. Resting images are also normal. Gated images reveal normal systolic thickening in all myocardial regions, with a computed left ventricular ejection fraction of 69%.

**IMPRESSIONS:** Normal adenosine stress gated SPECT sestamibi myocardial perfusion study. There is no scintigraphic evidence of inducible myocardial ischemia and left ventricular systolic function is normal.

MS/



CARDIOLOGIST: Mayank K. Shah M.D. F.A.C.C.  
Board Certified in Nuclear Cardiology

TECHNOLOGIST: Jeannine Lyons CNMT, NCT, RT ( R )



CHANDER M ARORA, M.D.  
 1728, Premier Executive Complex  
 Marion-Waldo Road, Marion, OH 43302



**ECHOCARDIOGRAM REPORT**

Patient: MARVIN, DONALD

Age:            Sex: ~~MALE~~ MALE    Date of Study: 10-18-03

Tape #: 95-

Interpreting Phys: C.M.Arora, MD

M-MODE MEASUREMENTS		<input type="checkbox"/> LV MEASURED FROM 2-D IMAGE	(IF CHECKED)
RVDd	2.4 cm (0.9-2.6)	IVSD	1.6 cm (0.7-1.2)
LVPWd	1.45 cm (0.7-1.2)	LVIDs	2.4 cm (2.5-4.0)
ACD	2.01 cm (1.8-2.6)	LA	4.18 cm (1.9-4.0)
		LVIDd	4.18 cm (3.5-5.6)
			AoRT 3.46 cm (2.0-3.7)

TWO DIMENSIONAL IMAGING:                    TECHNICALLY GOOD STUDY.                     STRESS ECHO

AORTIC ROOT APPEARED NORMAL IN DIAMETER.  
 AORTIC VALVE APPEARED SCLEROTIC WITH GOOD LEAFLET EXCURSION.  
 VALVE STRUCTURE COULD BE CLEARLY SEEN, MORPHOLOGY IS TRICUSPID.

MITRAL VALVE APPEARED TO BE NORMAL WITH ADEQUATE EXCURSION.

TRICUSPID VALVE APPEARED NORMAL.  
 PULMONIC VALVE WAS WELL SEEN AND DID NOT DEMONSTRATE MOTION CONSISTENT WITH PULM. HTN.

RIGHT VENTRICULAR SIZE WAS NOT ENLARGED . RIGHT ATRIUM IS NORMAL. LEFT ATRIAL SIZE IS NORMAL .

LEFT VENTRICULAR WALL THICKNESS WAS HYPETROPHIED IN A SYMMETRIC MANNER.  
 GLOBAL LV FUNCTION WAS NORMAL. E.F. ESTIMATED AT 64%.  
 REGIONAL LV WALL MOTION & THICKENING:

NO PERICARDIAL EFFUSION IS SEEN. THERE IS NO EVIDENCE OF TAMPONADE.

DOPPLER & COLOR FLOW IMAGING:                     SUBOPTIMAL STUDY, TECH. DIFFICULTIES.                    (IF CHECKED)

PV PK. VEL. =            MS                    MV e-WAVE PK. VEL. = .75 MS.                    MV a-WAVE PK. VEL. =            MS.  
 LVOT PK. VEL. =            M/S.                    AORTIC VALVE PK. VEL. = 1.34 M/S                    TV PK. VEL. =            MS.

THERE IS NO AORTIC STENOSIS. THE AORTIC VALVE AREA IS WNL, NOT CALCULATED.  
 THERE APPEARS TO BE NO AORTIC INSUFFICIENCY. DESCENDING AORTA DOPPLER STUDY; W.N.L.

THERE IS NO MITRAL STENOSIS. THE MV P1/2t = 2.88. THE MV AREA IS WNL, NOT CALCULATED. THERE APPEARS TO BE MILD MITRAL REGURGITATION.

THERE IS NO TRICUSPID STENOSIS. THE TV P1/2t = WNL, NOT CALCULATED. THERE APPEARS TO BE MILD TRICUSPID REGURGITATION.

THERE IS NO PULMONIC STENOSIS. THERE IS NO PULMONIC INSUFFICIENCY.

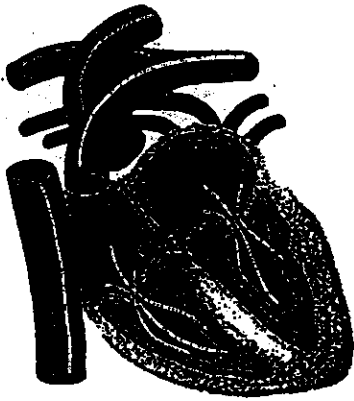
ADDITIONAL COMMENTS: AV GRAD 7.18 MM HG. MV GRAD 2.23 MM HG. MR 2.43 M/S TR 2.06 M/S  
 MAC, AV SCLEROSIS, A OVER E PATTERN ON MV HAZY AREA IN APEX ON SEVERAL VIEWS WHICH  
 PROBABLY REPRESENTS ARTIFACT BUT CLOT CANNOT BE DEFINITELY EXCLUDED. TECHNICALLY  
 CHALLENGING BODY HABITUS TO SCAN WELL.

C.M. Arora, M.D

LAUREL HILL, RDCS 20822

*Handwritten signature/initials*

**FAXED**  
 TO DR.  
 Shah  
 11-11-03  
 MCO



Midwest Internal Medicine Associates  
1728, Premier Executive Complex  
Marion-Waldo Road, Marion, OH 43302

ECHOCARDIOGRAM REPORT

Patient: *Marion Donald*

Age: Sex: ~~MALE~~ Date of Study: *10/18/03*  
Tape #: 95-  
Interpreting Phys: C.M. Arora, MD

*2-4849*

M-MODE MEASUREMENTS		<input type="checkbox"/> LV MEASURED FROM 2-D IMAGE		(IF CHECKED)
RVDd <i>24</i>	cm (0.9-2.6)	IVSD <i>1.6</i>	cm (0.7-1.2)	LVIDd <i>4.8</i> cm (3.5-5.6)
LVPWd <i>1.45</i>	cm (0.7-1.2)	LVIDs	cm (2.5-4.0)	AoRT <i>3.42</i> cm (2.0-3.7)
ACS <i>2.01</i>	cm (1.6-2.6)	LA <i>4.48</i>	cm (1.9-4.0)	

TWO DIMENSIONAL IMAGING:  TECHNICALLY GOOD STUDY.  STRESS ECHO

AORTIC ROOT APPEARED NORMAL IN DIAMETER.  
AORTIC VALVE APPEARED NORMAL WITH GOOD LEAFLET EXCURSION.  
VALVE STRUCTURE COULD BE CLEARLY SEEN, MORPHOLOGY IS TRICUSPID.

MITRAL VALVE APPEARED TO BE NORMAL WITH ADEQUATE EXCURSION.

TRICUSPID VALVE APPEARED NORMAL.  
PULMONIC VALVE WAS WELL SEEN AND DID NOT DEMONSTRATE MOTION CONSISTENT WITH PULM. HTN.

RIGHT VENTRICULAR SIZE WAS NOT ENLARGED. RIGHT ATRIUM IS NORMAL. LEFT ATRIAL SIZE IS NORMAL/ENLARGED.

LEFT VENTRICULAR WALL THICKNESS WAS W.N.L.'S IN A ASYMETRIC MANNER.  
GLOBAL LV FUNCTION WAS NORMAL. E.F. ESTIMATED AT 60%.

REGIONAL LV WALL MOTION & THICKENING:  
NO PERICARDIAL EFFUSION IS SEEN. THERE IS NO EVIDENCE OF TAMPONADE.

DOPPLER & COLOR FLOW IMAGING:  SUBOPTIMAL STUDY, TECH. DIFFICULTIES. (IF CHECKED)

PV PK. VEL = MS	MV e-WAVE PK. VEL = <i>1.75</i> MS.	MV a-WAVE PK. VEL = MS.
LVOT PK. VEL = MS.	AORTIC VALVE PK. VEL = <i>1.31</i> MS	TV PK. VEL = MS.

THERE IS NO AORTIC STENOSIS. THE AORTIC VALVE AREA IS WNL, NOT CALCULATED.  
THERE APPEARS TO BE NO AORTIC INSUFFICIENCY. DESCENDING AORTA DOPPLER STUDY: W.N.L.

THERE IS NO MITRAL STENOSIS. THE MV P1/2 = *2.87* WNL, NOT CALCULATED. THE MV AREA IS WNL, NOT CALCULATED. THERE APPEARS TO BE NO MITRAL REGURGITATION.

THERE IS NO TRICUSPID STENOSIS. THE TV P1/2 = WNL, NOT CALCULATED. THERE APPEARS TO BE NO TRICUSPID REGURGITATION.

THERE IS NO PULMONIC STENOSIS. THERE IS NO PULMONIC INSUFFICIENCY.

ADDITIONAL COMMENTS:  
C.M. Arora, M.D.

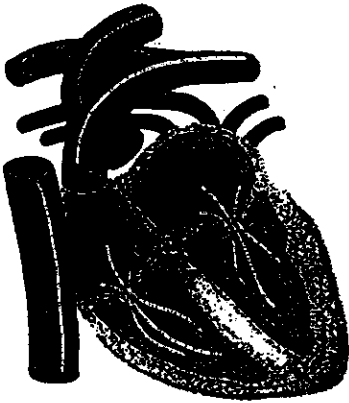
*Kathy Schelb, RDCS, RVT #1921, Chantell Cornett*

*MR 203*  
*MR 205*  
*MR 208*

*Challenging Hpa*  
*hazy area in apy*

*11-12-03*  
*11-15*  
*TEE 2/8/04*  
*3-7980*  
*AA 47*

*pt aware*  
*10-27-03*  
*2*



Midwest Internal Medicine Associates  
 1728, Premier Executive Complex  
 Marion-Waldo Road, Marion, OH 43302

**ECHOCARDIOGRAM REPORT**

Patient: *Marvin Donald*

Age: Sex: ~~MALE~~ Date of Study: *10/18/03*

Tape #: 95-

Interpreting Phys: C.M. Arora, MD

M-MODE MEASUREMENTS		<input type="checkbox"/> LV MEASURED FROM 2-D IMAGE		(IF CHECKED)
RVDd <i>2.4</i>	cm (0.9-2.6)	IVSD <i>1.6</i>	cm (0.7-1.2)	LVIDd <i>4.18</i> cm (3.5-5.6)
LVPWd <i>1.45</i>	cm (0.7-1.2)	LVIDs	cm (2.5-4.0)	AoRT cm (2.0-3.7)
ACS <i>2.01</i>	cm (1.6-2.6)	LA <i>4.48</i>	cm (1.9-4.0)	<i>3.42</i>

TWO DIMENSIONAL IMAGING:  TECHNICALLY GOOD STUDY.  STRESS ECHO

AORTIC ROOT APPEARED NORMAL IN DIAMETER.  
 AORTIC VALVE APPEARED NORMAL WITH GOOD LEAFLET EXCURSION.  
 VALVE STRUCTURE COULD BE CLEARLY SEEN. MORPHOLOGY IS TRICUSPID.

MITRAL VALVE APPEARED TO BE NORMAL WITH ADEQUATE EXCURSION.

TRICUSPID VALVE APPEARED NORMAL.  
 PULMONIC VALVE WAS WELL SEEN AND DID NOT DEMONSTRATE MOTION CONSISTENT WITH PULM. HTN.

RIGHT VENTRICULAR SIZE WAS NOT ENLARGED. RIGHT ATRIUM IS NORMAL. LEFT ATRIAL SIZE IS NORMAL/ENLARGED.

LEFT VENTRICULAR WALL THICKNESS WAS W.N.L.'S IN A ASYMETRIC MANNER.  
 GLOBAL LV FUNCTION WAS NORMAL. E.F. ESTIMATED AT 60%.  
 REGIONAL LV WALL MOTION & THICKENING:

NO PERICARDIAL EFFUSION IS SEEN. THERE IS NO EVIDENCE OF TAMPONADE.

DOPPLER & COLOR FLOW IMAGING:  SUBOPTIMAL STUDY, TECH. DIFFICULTIES. (IF CHECKED)

PV PK. VEL. = *M/S*      MV e-WAVE PK. VEL. = *1.75 M/S*      MV a-WAVE PK. VEL. = *M/S*  
 LVOT PK. VEL. = *M/S*      AORTIC VALVE PK. VEL. = *7.34 M/S*      TV PK. VEL. = *M/S*

THERE IS NO AORTIC STENOSIS. THE AORTIC VALVE AREA IS WNL, NOT CALCULATED.  
 THERE APPEARS TO BE NO AORTIC INSUFFICIENCY. DESCENDING AORTA DOPPLER STUDY; W.N.L.

THERE IS NO MITRAL STENOSIS. THE MV P1/2t = *2.87* WNL, NOT CALCULATED. THE MV AREA IS WNL, NOT CALCULATED. THERE APPEARS TO BE NO MITRAL REGURGITATION.

THERE IS NO TRICUSPID STENOSIS. THE TV P1/2t = WNL, NOT CALCULATED. THERE APPEARS TO BE NO TRICUSPID REGURGITATION.

THERE IS NO PULMONIC STENOSIS. THERE IS NO PULMONIC INSUFFICIENCY.

ADDITIONAL COMMENTS:  
 C.M. Arora, M.D.      Kathy Schell, RDCS, RVT #1921/Chantell Cornell

*TEE & B PATTN*

*718*  
*223*

*MR 203*  
*TR 205*

*WAC*  
*At Solvairs*  
*Acc'e*  
*hazy area in apex*

*ph, ds*

*Challenging Area*

# Oscar 2 Ambulatory Blood Pressure Report

Patient Name: marvin,donald  
Test Began: 22-Oct-2003

Test Ended: 23-Oct-2003

Patient ID: 10-22-03  
Duration: 23:20

## Patient Demographics

Patient Name marvin,donald  
Patient ID 10-22-03  
Address  
Telephone  
Race  
Birthday  
Gender  
Height  
Weight

## Current Medications

## Physician Comments

Interpreting physician  
Referring physician

he will take catapres (L1)

2

take catapres (L1)

↙



# Oscar 2 Ambulatory Blood Pressure Report

Patient Name: marvin,donald  
Test Began: 22-Oct-2003

Test Ended: 23-Oct-2003

Patient ID: 10-22-03  
Duration: 23:20

## Ambulatory Blood Pressure Summary

Length of study: 23:20  
Number of successful readings: 42

## Blood Pressure Load

Systolic BP threshold awake: 140 mmHg  
Diastolic BP threshold awake: 90 mmHg

Above threshold: 59%  
Above threshold: 53%

Systolic BP threshold asleep: 120 mmHg  
Diastolic BP threshold asleep: 80 mmHg

Above threshold: 60%  
Above threshold: 30%

## Averages

Awake BP: 149/90 mmHg  
Asleep BP: 125/76 mmHg

Awake heart rate: 61 BPM  
Asleep heart rate: 60 BPM

## Clinical Interpretation

[Empty box for Clinical Interpretation]

1998-1999

1998-1999

1998-1999

1998-1999

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1998-1999

# Oscar 2 Ambulatory Blood Pressure Report

Patient Name: marvin,donald  
Test Began: 22-Oct-2003

Test Ended: 23-Oct-2003

Patient ID: 10-22-03  
Duration: 23:20

## Decision Statistics

Samples attempted: 55

Total used: 42

## BP Load

### Awake Statistics

Total Samples Used: 32

	Maximum	Time	Minimum	Time	Average	Std. Dev.
Systolic (mmHg)	197	(19:46)	103	(09:29)	149	+/- 25.3
Diastolic (mmHg)	111	(15:03)	63	(06:24)	90	+/- 13.9
Heart Rate (BPM)	80	(19:46)	47	(09:29)	61	+/- 8.5
MAP (mmHg)	140	(18:23)	79	(06:24)	111	+/- 17.2

Awake BP Load: 59% Sys > 140 mmHg 53% Dia > 90 mmHg

### Asleep Statistics

Total Samples Used: 10

	Maximum	Time	Minimum	Time	Average	Std. Dev.
Systolic (mmHg)	151	(23:07)	109	(05:59)	125	+/- 12.5
Diastolic (mmHg)	85	(23:07)	68	(04:31)	76	+/- 5.9
Heart Rate (BPM)	76	(23:07)	50	(05:15)	60	+/- 9.5
MAP (mmHg)	107	(23:07)	84	(04:31)	94	+/- 6.4

Asleep BP Load: 60% Sys > 120 mmHg 30% Dia > 80 mmHg

## Overall BP Load

60% of all systolic BP's and 48% of all diastolic BP's  
exceeded thresholds of 140/90 while awake and 120/80 while asleep

# Oscar 2 Ambulatory Blood Pressure Report

Patient Name: marvin,donald  
Test Began: 22-Oct-2003

Test Ended: 23-Oct-2003

Patient ID: 10-22-03  
Duration: 23:20

## AMU System Configuration

AMU type	: Oscar 2	Start key	: ON
Oscar 2 version	: O2 2.49	Display	: OFF

### Time Period

### Interval

### Sleep Period

23:00 to 06:00  
06:00 to 23:00

45 mins  
20 mins

23:00 to 06:00

## Reported Error Code

1 = No signal  
2 = Artifact/Erratic signal  
3 = Retries exceeded  
4 = Time limit exceeded  
85 = Blocked valve  
86 = User abort  
87 = Air leak

88 = Safety timeout  
89 = Cuff overpressure  
90 = Low batteries  
91 = Auto-zero failed  
97 = Transducer failed  
98 = ADC failure  
99 = CRC failure

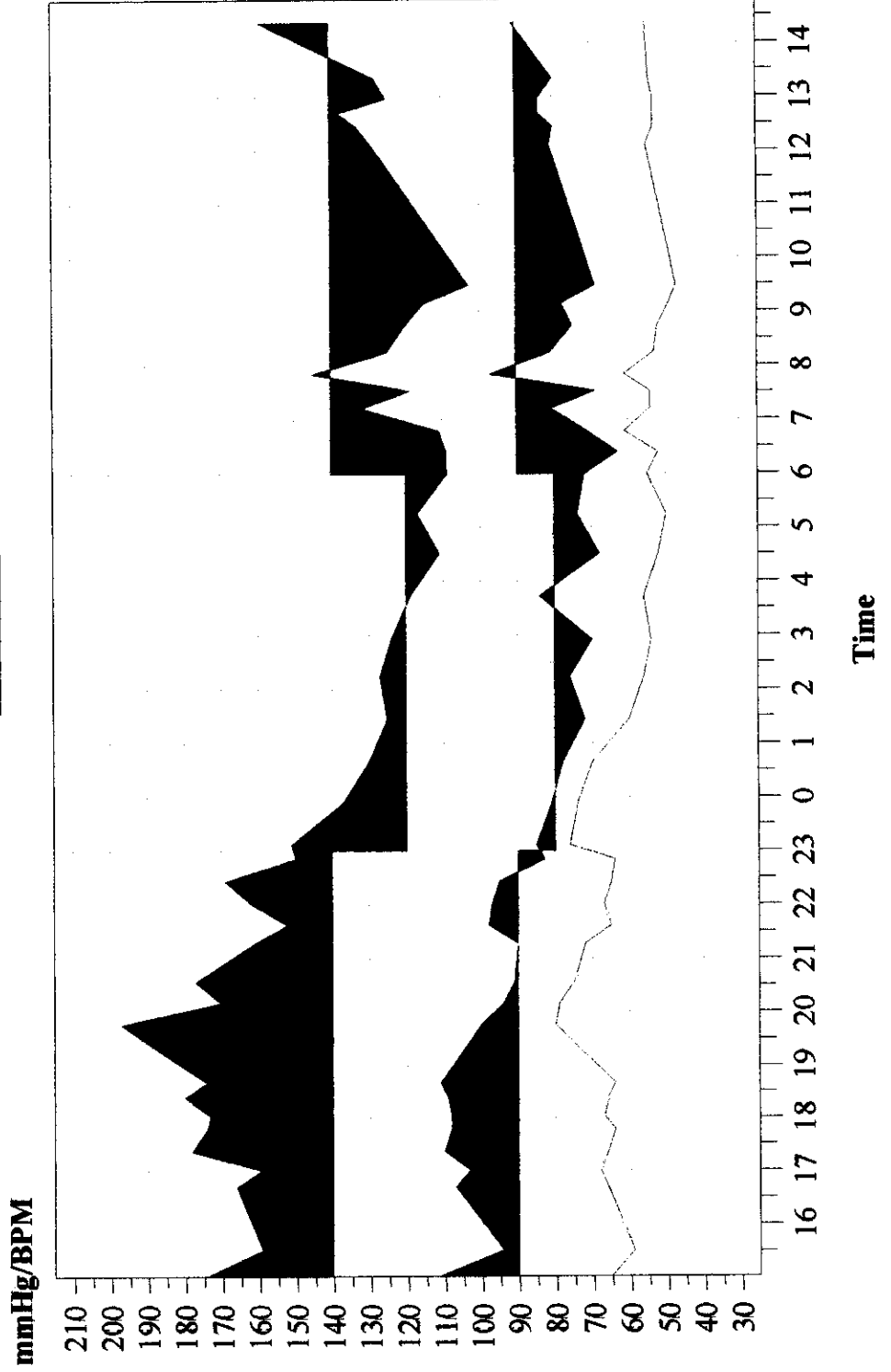
# Oscar 2 Ambulatory Blood Pressure Report

Patient Name: marvin,donald  
Test Began: 22-Oct-2003

Patient ID: 10-22-03  
Duration: 23:20

Test Ended: 23-Oct-2003

## BP vs. Time



# Oscar 2 Ambulatory Blood Pressure Report

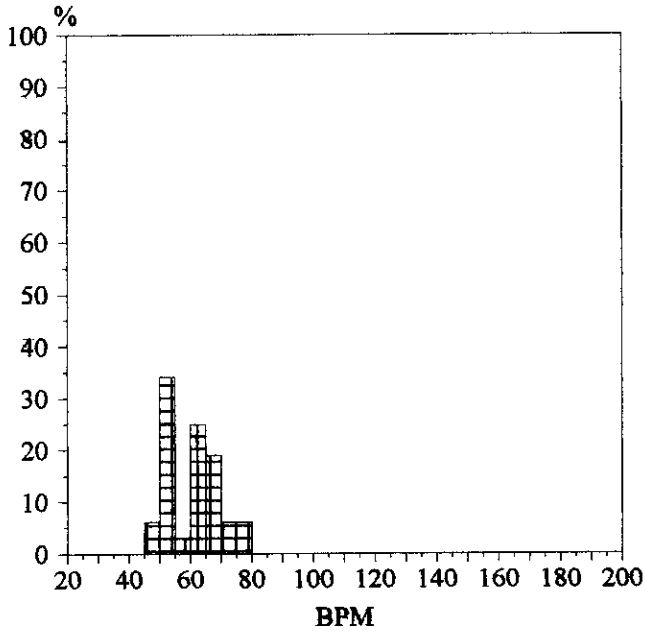
Patient Name: marvin,donald  
Test Began: 22-Oct-2003

Test Ended: 23-Oct-2003

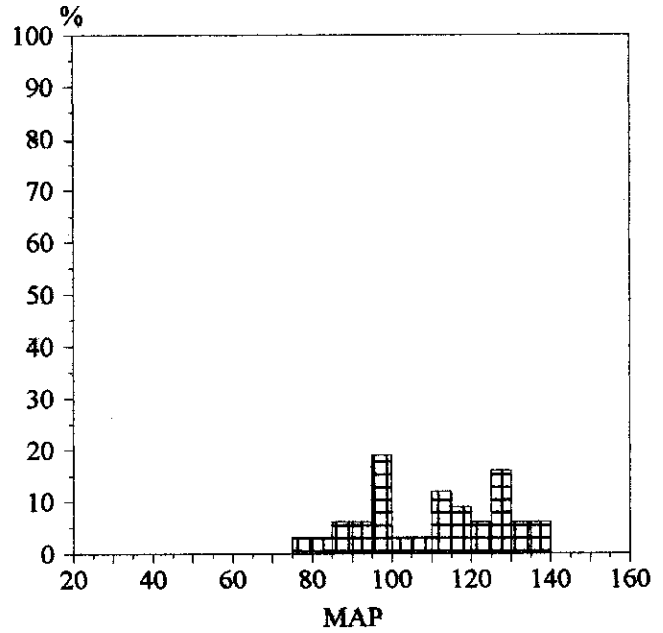
Patient ID: 10-22-03  
Duration: 23:20

## Heart Rate / MAP Histograms

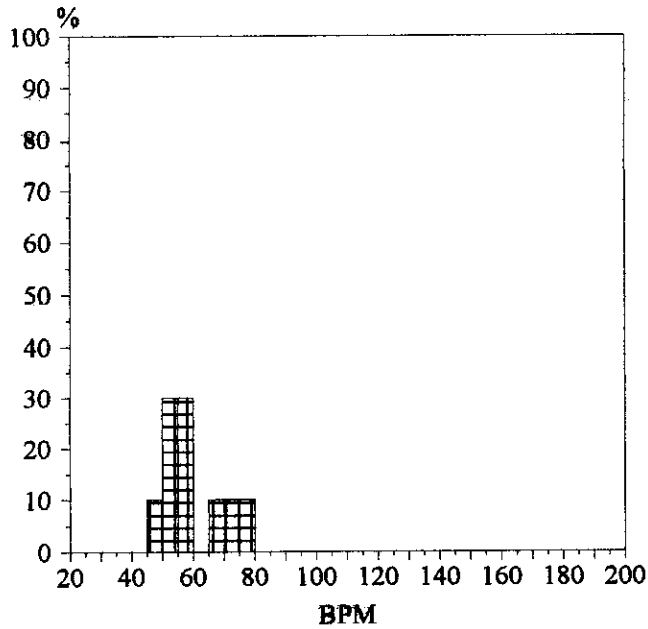
### Awake Heart Rate (N = 32)



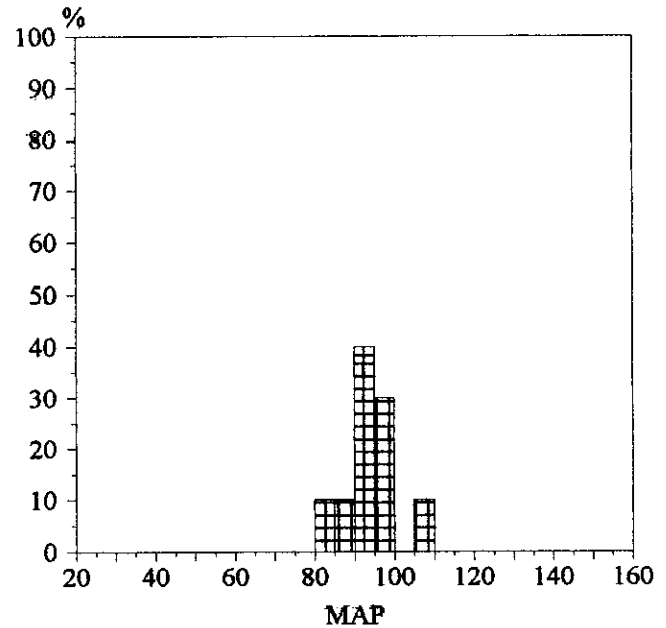
### Awake MAP (N = 32)



### Asleep Heart Rate (N = 10)



### Asleep MAP (N = 10)



# Oscar 2 Ambulatory Blood Pressure Report

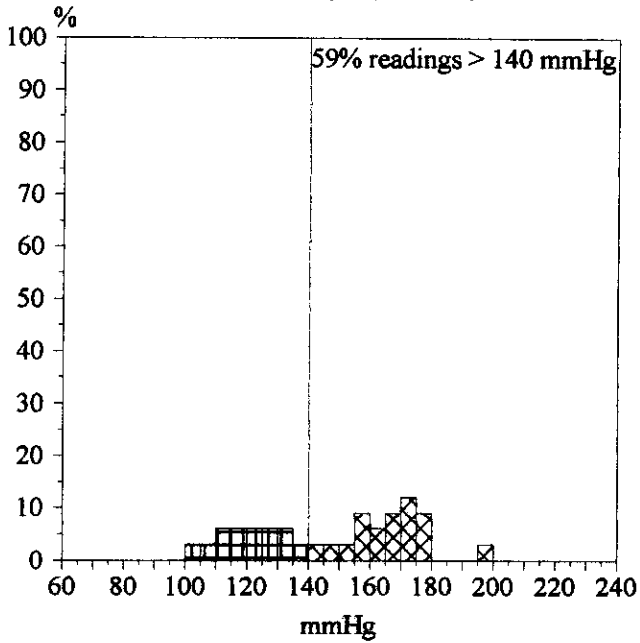
Patient Name: marvin,donald  
Test Began: 22-Oct-2003

Test Ended: 23-Oct-2003

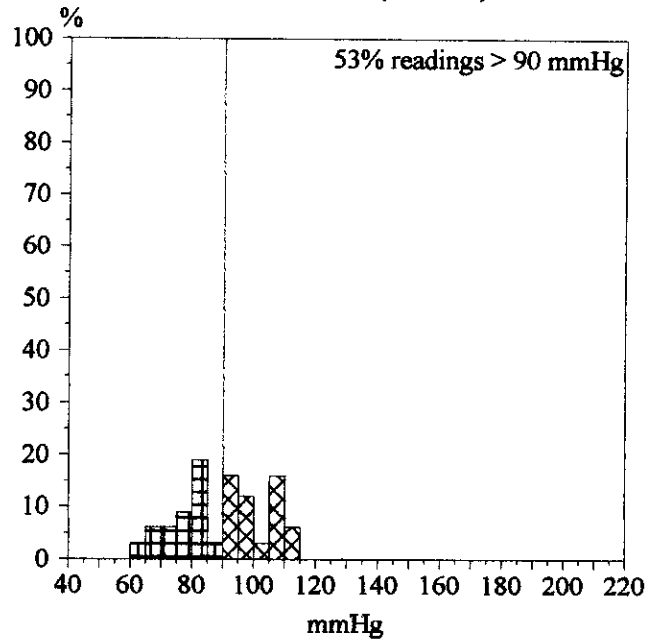
Patient ID: 10-22-03  
Duration: 23:20

## Frequency Histograms

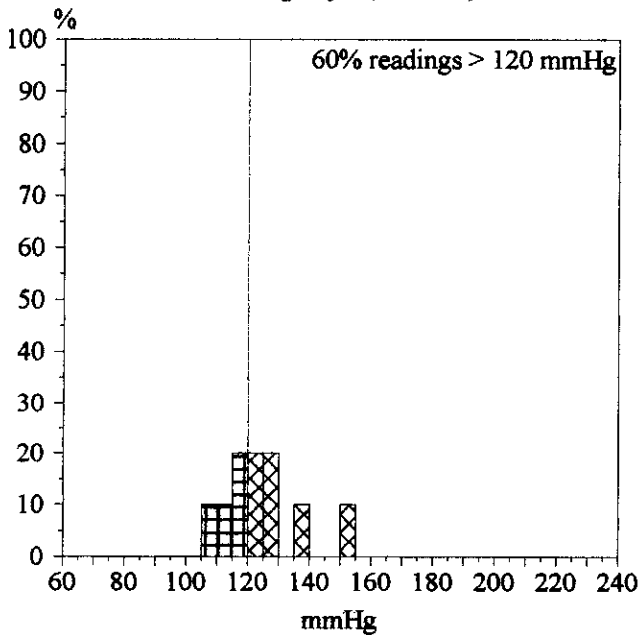
### Awake Sys (N = 32)



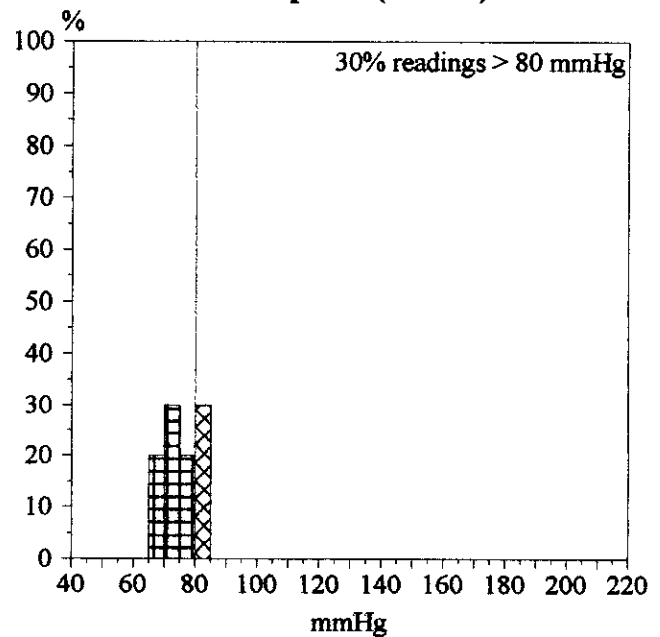
### Awake Dia (N = 32)



### Asleep Sys (N = 10)



### Asleep Dia (N = 10)



## Oscar 2 Ambulatory Blood Pressure Report

Patient Name: marvin,donald  
Test Began: 22-Oct-2003

Test Ended: 23-Oct-2003

Patient ID: 10-22-03  
Duration: 23:20

### Edited Data

<u>Num</u>	<u>Time</u>	<u>Sys/Dia</u> <u>(mmHg)</u>	<u>HR</u> <u>(BPM)</u>	<u>MAP</u> <u>(mmHg)</u>	<u>TC</u>	<u>QC</u>	<u>Comment</u>
52	13:20	128/ 80	54	99			
55	14:23	159/ 91	55	115			



## Oscar 2 Ambulatory Blood Pressure Report

Patient Name: marvin,donald  
Test Began: 22-Oct-2003

Test Ended: 23-Oct-2003

Patient ID: 10-22-03  
Duration: 23:20

### Omitted Data

<u>Num</u>	<u>Time</u>	<u>Sys/Dia</u> <u>(mmHg)</u>	<u>HR</u> <u>(BPM)</u>	<u>MAP</u> <u>(mmHg)</u>	<u>TC</u>	<u>QC</u>	<u>Comment</u>
3	15:54	164/101	57	125	87		Cuff leak
4	16:18	161/106	51	134	2		Artifact / erratic signal
12	19:06	0/ 0	0	0	4		Measurement timeout
13	19:21	205/146	116	175	4		Measurement timeout
17	20:54	143/ 90	76	105	4		Measurement timeout
42	09:53	124/105	47	115	2		Artifact / erratic signal
43	10:16	113/ 97	48	105	2		Artifact / erratic signal
44	10:39	124/ 71	58	93	2		Artifact / erratic signal
45	11:01	144/119	52	129	2		Artifact / erratic signal
46	11:26	123/113	52	123	2		Artifact / erratic signal
47	11:51	117/ 91	71	105	2		Artifact / erratic signal
53	13:41	124/102	52	111	2		Artifact / erratic signal
54	14:05	97/ 85	46	95	4		Measurement timeout

**MARION GENERAL HOSPITAL, INC**  
OhioHealth  
Marion, Ohio 43302

**CARDIAC CATHETERIZATION/OPERATION REPORT**

PATIENT NAME: MARVIN, DONALD E HOSPITAL NUMBER: 066127  
ROOM: DATE: 11/15/2002  
PHYSICIAN: Ravinder Manda, M.D. PACS #: 86832869

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**PROCEDURE:** Renal angiogram.

**BRIEF HISTORY:** The patient is a 58-year-old male scheduled for renal angioplasty due to the previous renal angiogram at Marion Area Health Center revealing 60% - 70% proximal right renal artery stenosis. The patient also has history of multiple renal stones. The patient has poorly controlled hypertension.

**METHOD:** After obtaining written consent and explaining risks and benefits of procedure, the patient is brought to the Cardiac Catheterization Laboratory in a stable condition. Right common femoral artery access was obtained through the modified Seldinger technique. A 6F Cordis sheath was introduced per the exchange technique into the right common femoral artery. Through a 6F pigtail catheter renal arteriogram was performed through a digital subtraction angiography method. This time no significant renal artery stenosis was found. Selective right renal angiography and left renal angiography was performed with JR4 catheter. No significant renal artery stenosis was performed. No gradient was found. Previous renal angiogram probably could be false positive. The patient tolerated the procedure without any complications.

**IMPRESSION:**

1. Renal arteries are non-obstructive without any significant stenosis or gradient.
2. The patient has mild parenchymal disease.

**PLAN:**

1. Aggressive blood pressure control with beta blockers and ace inhibitors.
2. I explained these findings to the patient and to his sister.
3. I expect to see the patient in the clinic for adjusting medications for the blood pressure.

D 11/21/2002 17:51

T 11/22/2002 06:19

lcb

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Ravinder Manda, M.D.  
SIGNATURE OF ATTENDING PHYSICIAN

MGH

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PATIENT NAME: MARVIN, DONALD E DATE OF EXAM: 11/15/2002 13:31  
EXAMINATION: SPECIAL PROCEDURE-SPCC

Consent for minor Surgical and Medical Procedure

DATE: 24, 2002 TIME: \_\_\_\_\_

I authorize the performance upon Donald Manda Patient Name

the following procedure: Percutaneous Transluminal Angioplasty of the Right Renal Artery

The purpose of this procedure is: stenosis of R renal artery.

This procedure is to be performed by, or under the direction of, Doctor Manda. He is authorized to use the services of others in the performance of this procedure as he deems necessary.

Major known risks of this procedure and the probability of those risks are: Pain, bleeding, infection, Skin Redness, hematoma, reaction to the dye and/or Medication reaction, possible Kidney Failure, possible need for vascular surgery, blood transfusion - Rare chance of Stroke, heart attack, limb loss, or death.

I consent to the administration of anesthesia to be applied by, or under the direction of, Dr. Manda and the use of such anesthetics as this person may deem desirable, with the exception of: \_\_\_\_\_

The nature and purpose of this procedure and the possibility of other complications and their likelihood of occurring have been explained to me and I understand them. All questions that I have about the procedure have been answered in a manner satisfactory to me.

Signature of Patient: [Signature]  
Signature of Physician: [Signature]

Note: This form is not to be used for procedures performed in the Operating Room.

Marion General Hospital OhioHealth