

KANE, Simon DOB: 06/05/1955 (66 yo M) Acc No. 11203 DOS: 12/02/2021



Kane, Simon

66 Y old Male, DOB: 06/05/1955

Account Number: 11203

188 Paintbrush Drive, Florissant, CO-80816

Home: 719-286-0286

Guarantor: Kane, Simon Insurance: AARP Medicare Advantage through United Healthcare Payer ID: 87726

PCP: Deanna McNulty

Appointment Facility: Endovascular Consultants Of Co

12/02/2021

Progress Notes: Aaron Kovalski, MD

Current Medications

Taking

- Aspirin-81
 - Varenicline Tartrate 1 MG Tablet as directed Orally
 - Famotidine 20 MG Tablet 1 tablet at bedtime as needed Orally Once a day
 - Levothyroxine Sodium 100 MCG Tablet 1 tablet in the morning on an empty stomach Orally Once a day
 - hydroCHLORothiazide 25 MG Tablet 1 tablet in the morning Orally Once a day
 - Clopidogrel Bisulfate 75 MG Tablet 1 tablet Orally Once a day
 - Atorvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day
 - Atenolol 50 MG Tablet 1 tablet Orally Once a day
 - Allopurinol 300 MG Tablet 1 tablet Orally Once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

High cholesterol.
Angina.
Thyroid problem.
Cataracts.
Heartburn.
Pain in legs with walking.

Surgical History

cardiac stent 2002
iliac artery stent 2019

Family History

Father: colon cancer, emphysema
Mother: alcohol abuse, bleeding problems, emphysema, hypertension

Social History

Tobacco Use:

Smoking Status: Current, If former or current, how many packs per day, for how many years? 2 until recently. was

Reason for Appointment

1. Vascular Phone Consultation
2. Vascular Consultation

History of Present Illness

New/Follow-up Patient Consult:

Blood thinners: Y, Clopidogrel 75 MG

Lung/Heart disease: N

Home oxygen: N

CPAP: N

Referring physician: CBS Commercial

Imaging: Numerous UCHealth imaging in Powershare

Smoker: N

Compression stockings: Y

History of DVT: N

Pain in legs with activity: Y.

Constitutional:

66-year-old male with known arterial occlusions bilaterally with last imaging performed in 2019. He previously had an iliac stent placed by a vascular surgeon. He has rest pain and severe claudication symptoms. His pain is constant and occurs all the time. He is interested in pursuing any form of endovascular intervention which may help his leg pain.

Vital Signs

Wt **250 lbs**, BMI **34.86 Index**, Ht 71 in, Ht-cm 180.34 cm, Wt-kg 113.4 kg.

Assessments

1. Peripheral vascular disease, unspecified - I73.9 (Primary)
2. Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity - I70.229

Treatment

1. **Peripheral vascular disease, unspecified**

PROCEDURE: Imaging

2. **Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity**

PROCEDURE: Imaging

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down to 3 cigarettes a day. 40 year smoker.

Tobacco Use/Smoking

Are you a *current smoker*

Drugs/Alcohol:

Drugs

Have you used drugs other than those for medical reasons in the past 12 months? *No*

Do you drink alcohol?: *Yes .5 rarely.*

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *Yes*

Points *0*

Interpretation *Negative*

Miscellaneous:

Domestic violence: *none.*

Allergies

Adhesive

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

-Constitution:

Fatigue Admits. Fever Denies. Unexpected Weight Change Denies.

-Respiratory:

Chest Tightness Admits. Cough Denies. Shortness of Breath Admits. Home Oxygen Denies. Asthma Denies. Other COPD.

-Cardiovascular:

Chest Pain Admits. Leg Swelling Denies. Palpitations Denies. Congestive Heart Failure Denies. Arrhythmia Denies. Myocardial Infarction Denies.

-Gastrointestinal:

Abdominal Pain Denies. Blood in Stool Denies. Nausea Denies.

-Genitourinary:

Difficulty Urinating Denies. Dysuria Denies. Frequency Denies. Hematuria Denies. Scrotal Swelling Denies. Urgency Denies. Urine Decreased Denies. Prostate Complaints Denies.

-Musculoskeletal:

Arthralgias Denies. Back Pain Denies. Joint Swelling Denies.

-Skin:

Color Change Admits. Rash Denies. Wound Denies.

-Neurological:

Dizziness Denies. Headaches Denies. Light-headedness Denies.

-Hematological:

Adenopathy Denies. Bruises/Bleeds Easily Denies. Anemia Denies.

3. Others

Notes: 1. I will order a new ultrasound to determine if there is been any change in his bilateral lower extremity arterial vasculature. 2019 ultrasound demonstrated chronic total occlusion of the entirety of the bilateral SFAs, with the left extending all the way through the popliteal artery. His tibial vessels on the left were also occluded. He did have some flow through the anterior tibial artery on the right.

2. I will have a follow-up phone conversation with him once obtain the ultrasound for procedural planning.

Clinical Notes:

I spent 30-44 minutes of PHONE CONVERSATION time with the patient AND at least HALF was used for counseling and coordination of care regarding treatment options and imaging.

Preventive Medicine

Counseling:

Care goal follow-up plan:

Exercise Counseling Provided- *No*

Screenings:

FALL RISK SCREENING

Assessment: *Not performed, no reason specified*

Fall Risk Assessment: *No falls in the past year*

Plan of Care: *Not documented, no reason specified*

Procedure Codes

G8427 DOC MEDS VERIFIED W/PT OR RE

1101F PT FALLS ASSESS-DOCD LE1/YR



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KANE, Simon **DOB:** 06/05/1955 (66 yo M) **Acc No.** 11203 **DOS:** 12/02/2021



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Progress Note: Aaron Kovaleski, MD 12/02/2021

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KANE, Simon DOB: 06/05/1955 (66 yo M) Acc No. 11203 DOS: 01/27/2022

**Kane, Simon**

66 Y old Male, DOB: 06/05/1955

Account Number: 11203

188 Paintbrush Drive, Florissant, CO-80816

Home: 719-286-0286

Guarantor: Kane, Simon Insurance: AARP Medicare Advantage through United Healthcare Payer ID: 87726

PCP: Deanna McNulty

Appointment Facility: Endovascular Consultants Of Co

01/27/2022

Progress Notes: Aaron Kovalski, MD

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Past Medical History

High cholesterol.
Angina.
Thyroid problem.
Cataracts.
Heartburn.
Pain in legs with walking.

Surgical History

cardiac stent 2002
iliac artery stent 2019

Family History

Father: colon cancer, emphysema
Mother: alcohol abuse, bleeding problems, emphysema, hypertension

Social History**Tobacco Use:**

Tobacco Use/Smoking

Are you a *current smoker*

Smoking Status: Current, If former or current, how many packs per day, for

Reason for Appointment

1. Phone call follow up on US in Powershare
2. Follow-up Appointment

History of Present Illness**Constitutional:**

Reason for F/U: US F/U

Imaging: US at PenRad in PowerShare

Patient feels their condition is: Unchanged

Patient presents for phone discussion about imaging obtained prior to performing intervention on his arteries. He is known to have bilateral femoral artery occlusions, persistent for several years. He says he is cut down on his smoking from 2 packs a day to 2 cigarettes a day and states that he feels as if he has improved.

Vital Signs

Wt **250 lbs**, BMI **34.86 Index**, Ht 71 in, Ht-cm 180.34 cm, Wt-kg 113.4 kg.

Assessments

1. Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity - I70.229
2. Peripheral vascular disease, unspecified - I73.9

Treatment**1. Peripheral vascular disease, unspecified**PROCEDURE: Arteriogram - Lower Extremity**2. Others**

Notes: 1. Arterial Doppler demonstrates complete occlusion of the entirety of the left lower extremity arterial vasculature from the SFA origin throughout the popliteal artery and tibial vessels. No significant collateral flow is noted. The SFA on the right is occluded, however, the popliteal artery and tibial vessels are patent. Common femoral artery is also patent.

2. I had a very frank conversation with the patient about his artery disease. I believe that I have a chance to revascularize his right lower extremity and will attempt to do so. I told him that I had a less than 5% chance of successful revascularization of his left lower extremity but that I would attempt to get anything open to prevent will likely result in an above-knee

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how many years? 2 until recently. was down to 3 cigarettes a day. 40 year smoker.

Drugs/Alcohol:

Drugs

Have you used drugs other than those for medical reasons in the past 12 months? No

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? Yes

Points 0

Interpretation Negative

Do you drink alcohol?: Yes .5 rarely.

Miscellaneous:

Domestic violence: none.

Allergies

Adhesive

Hospitalization/Major

Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

-Constitution:

Fatigue Denies. Fever Denies. Unexpected Weight Change Denies.

-Respiratory:

Chest Tightness Denies. Cough Denies. Shortness of Breath Denies. Home Oxygen Denies. Asthma Denies.

-Cardiovascular:

Chest Pain Denies. Leg Swelling Denies. Palpitations Denies. Congestive Heart Failure Denies. Arrhythmia Denies. Myocardial Infarction Denies.

-Gastrointestinal:

Abdominal Pain Denies. Blood in Stool Denies. Nausea Denies.

-Genitourinary:

Difficulty Urinating Denies. Dysuria Denies. Frequency Denies. Hematuria Denies. Scrotal Swelling Denies. Urgency Denies. Urine Decreased Denies. Prostate Complaints Denies.

-Musculoskeletal:

Arthralgias Denies. Back Pain Denies. Joint Swelling Denies.

-Skin:

Color Change Denies. Rash Denies. Wound Denies.

-Neurological:

Dizziness Denies. Headaches Denies. Light-headedness Denies.

-Hematological:

Adenopathy Denies. Bruises/Bleeds Easily Denies. Anemia Denies.

amputation.

3. We will call the patient to schedule his 2 lower extremity interventions.
Clinical Notes:

I spent 20-29 minutes of PHONE CONVERSATION time with the patient AND at least HALF was used for counseling and coordination of care regarding treatment options and imaging.

Preventive Medicine

Counseling:

Care goal follow-up plan:

Exercise Counseling Provided- No

Screenings:

FALL RISK SCREENING

Assessment: *Not performed, no reason specified*

Fall Risk Assessment: *No falls in the past year*

Plan of Care: *Not documented, no reason specified*

Procedure Codes

G8427 DOC MEDS VERIFIED W/PT OR RE

3288F FALL RISK ASSESSMENT DOCD

1100F PTFALLS ASSESS-DOCD GE2>/YR

A ZLP.

**Electronically signed by AARON KOVALESKI, M.D. on
01/27/2022 at 04:22 PM EST**

Sign off status: Completed

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Progress Note: Aaron Kovaleski, MD 01/27/2022

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KANE, SIMON A DOB: 06/05/1955 (66 yo M) Acc No. 11203 DOS: 02/08/2022



KANE, SIMON A

66 Y old Male, DOB: 06/05/1955
188 PAINTBRUSH DR, FLORISSANT, CO-80816
Home: 719-286-0286
Surgeon: Aaron Kovalski, MD

02/08/2022

Aaron Kovalski, MD

OPERATIVE REPORT

Pre-op. Diagnosis:

1. Peripheral vascular disease I73.9
2. Claudication

Post-op. Diagnosis:

1. Same

Operation:

1. Lower Extremity Arteriogram

Anesthesia:

Anesthesia/sedation

Level of anesthesia/sedation: Moderate sedation

Anesthesia/sedation administered by: Nurse or other independent trained observer, present for the entirety of the procedure.

Total intra-service sedation time (minutes): 70

Indications:

Peripheral Vascular Disease

Details of Procedure:

Attending physician(s): Aaron Kovalski

IMPRESSION:

Chronic total occlusion of the superficial femoral, popliteal, anterior tibial, posterior tibial arteries. The profunda fills the very distal PTA via a collateral network. The peroneal artery is patent and filled by a muscular collateral.

PROCEDURE SUMMARY:

- Arterial puncture with ultrasound guidance
- Unilateral lower extremity angiography as described below
- Arterial interventions as described below

PROCEDURE DETAILS:

Pre-procedure

Consent: Informed consent for the procedure including risks, benefits and alternatives was obtained and time-out was performed prior to the procedure.

Preparation: The site was prepared and draped using maximal sterile barrier technique including cutaneous antisepsis.

Access

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KANE, SIMON A DOB: 06/05/1955 (66 yo M) Acc No. 11203 DOS: 02/08/2022

Local anesthesia was administered. Ultrasound access without permanent image was performed. A 6 Fr sheath was placed.
Vessel accessed: Right common femoral artery; left PTA.
Access technique: Micropuncture set with 21 gauge needle.

Aortography

Vessel catheterized: Abdominal aorta at or above the level of the renal arteries
Findings: No evidence of aneurysm or dissection. Widely patent iliac bifurcation.

Lower extremity angiography and interventions

The left lower extremity arterial system was catheterized using 5 Fr Omni flush catheter, 6 Fr sheath, QuickCross catheter.
Vessel catheterized: Left external iliac artery (EIA), common femoral artery (CFA), distal posterior tibial artery (PTA).

Findings:

Chronic total occlusion of the superficial femoral, popliteal, anterior tibial, posterior tibial arteries. The profunda fills the very distal PTA via a collateral network. The peroneal artery is patent and filled by a muscular collateral.

Closure

Arterial closure technique: Angioseal
Hemostasis achieved from closure technique: Yes
Duration of manual compression (minutes): 3

Specimens:

None

Complications:

None

Findings:

See procedure details

Notes:

Contrast

Contrast agent: Omnipaque 300
Contrast volume (mL): 15

Radiation Dose

Fluoroscopy time (minutes): 9:13
Reference air kerma (mGy): 57.339

Blood Loss: < 20 mL

Procedure Codes:

- 1.99152 Mod sed same phys/qhp 5/>yrs.
- 2.99153 Mod sed same phys/qhp ea.
- 3.75625 Contrast exam abdominl aorta.
- 4.76937 Us guide vascular access.
- 5.75710 Artery x-rays arm/leg.
- 6.G9500 Rad expos ind/exp tm doc.

KANE, SIMON A **DOB:** 06/05/1955 (66 yo M) **Acc No.** 11203 **DOS:** 02/08/2022



Electronically signed by AARON KOVALESKI , M.D. on 02/09/2022 at 06:22 PM EST
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LONE TREE, CO 80124-2566
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Progress Note: Aaron Kovalski, MD 02/08/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

KANE, SIMON A DOB: 06/05/1955 (66 yo M) Acc No. 11203 DOS: 03/11/2022



KANE, SIMON A

66 Y old Male, DOB: 06/05/1955
188 PAINTBRUSH DR, FLORISSANT, CO-80816
Home: 719-286-0286
Surgeon: Aaron Kovaleski, MD

03/11/2022

Aaron Kovaleski, MD

OPERATIVE REPORT

Pre-op. Diagnosis:

1. Peripheral vascular disease I73.9
2. Claudication

Post-op. Diagnosis:

1. Same

Operation:

1. Lower Extremity Arteriogram

Anesthesia:

Anesthesia/sedation

Level of anesthesia/sedation: Moderate sedation

Anesthesia/sedation administered by: Nurse or other independent trained observer, present for the entirety of the procedure.

Total intra-service sedation time (minutes): 100

Indications:

Peripheral Vascular Disease

Details of Procedure:

Attending physician(s): Aaron Kovaleski

IMPRESSION: Diagnostic angiography and intravascular ultrasound demonstrate:

1. Chronic total occlusion of the SFA. unable to cross lesion.
2. Multifocal severe stenoses (>75%) of the popliteal artery, reconstituted by an enlarged collateral from the profunda. Severely delayed flow downstream. Successful revascularization was performed utilizing laser atherectomy and prolonged balloon angioplasty.
3. Severe stenoses (>75%) of the tibioperoneal trunk. Successful revascularization was performed utilizing laser atherectomy and prolonged balloon angioplasty.
4. Severe stenosis (>75%) of the proximal posterior tibial artery. Successful revascularization was performed utilizing laser atherectomy and prolonged balloon angioplasty.
5. Prior to intervention, severely delayed single vessel runoff to the foot was identified. After intervention, brisk flow was restored with improved flow through the ATA and peroneal with a widely patent PTA.

Plan: Patient is to continue his anticoagulation and followup via telehealth in one month. Imaging will be obtained out in his locale.

PROCEDURE SUMMARY:

- Arterial puncture with ultrasound guidance
- Unilateral lower extremity angiography as described below
- Arterial interventions as described below

KANE, SIMON A DOB: 06/05/1955 (66 yo M) Acc No. 11203 DOS: 03/11/2022

PROCEDURE DETAILS:

Pre-procedure

Consent: Informed consent for the procedure including risks, benefits and alternatives was obtained and time-out was performed prior to the procedure.

Preparation: The site was prepared and draped using maximal sterile barrier technique including cutaneous antisepsis.

Access

Local anesthesia was administered. Ultrasound access without permanent image was performed. A 6 Fr sheath was placed.

Vessel accessed: Left common femoral artery; right PTA.

Access technique: Micropuncture set with 21 gauge needle.

Lower extremity angiography and interventions

The right lower extremity arterial system was catheterized using 5 Fr Omni flush catheter, 6 Fr sheath, QuickCross catheter.

Vessel catheterized: Right external iliac artery (EIA), common femoral artery (CFA), popliteal artery (pop), tibioperoneal trunk (TPT), posterior tibial artery (PTA).

Findings:

1. Chronic total occlusion of the SFA. unable to cross lesion.
2. Multifocal severe stenoses (>75%) of the popliteal artery, reconstituted by an enlarged collateral from the profunda.
3. Severe stenoses (>75%) of the tibioperoneal trunk.
4. Severe stenosis (>75%) of the proximal posterior tibial artery.
5. Prior to intervention, severely delayed single vessel runoff to the foot was identified.

Intravascular Ultrasound

Vessels catheterized: Popliteal artery (pop), tibioperoneal trunk (TPT), posterior tibial artery (PTA).

Findings:

1. Multifocal severe stenoses (>75%) of them reconstituted popliteal artery.
2. Severe stenoses (>75%) of the tibioperoneal trunk.
3. Severe stenosis (>75%) of the proximal posterior tibial artery.

Atherectomy location: PTA, TPT, Pop

Atherectomy device: Auryon 1.5

Atherectomy type: Laser

Angioplasty location: Pta, TPT, Pop

Angioplasty balloon: 7mm

Balloon type: Conventional

Post-intervention angiography and intravascular ultrasound: Improved flow to the foot despite long segment CTO of SFA.

Closure

Arterial closure technique: Angioseal

Hemostasis achieved from closure technique: Yes

Duration of manual compression (minutes): 3

Specimens:

None

Complications:

None

Findings:

See procedure details

Notes:

Contrast

KANE, SIMON A DOB: 06/05/1955 (66 yo M) Acc No. 11203 DOS: 03/11/2022

Contrast agent: Omnipaque 300
Contrast volume (mL): 30

Radiation Dose
Fluoroscopy time (minutes): 17:52
Reference air kerma (mGy): 65.8

Blood Loss: < 20 mL

Procedure Codes:

- 1.99152 Mod sed same phys/qhp 5/>yrs.
- 2.99153 Mod sed same phys/qhp ea.
- 3.37252 Intrvasc us noncoronary 1st.
- 4.37253 Intrvasc us noncoronary addl.
- 5.37225 Fem/popl revas w/ather.
- 6.37229 Tib/per revasc w/ather.
- 7.76937 Us guide vascular access.
- 8.75710 Artery x-rays arm/leg.
- 9.G9197 DOC ORD FOR 1ST/2ND GEN CEPH AMP.
- 10.G9500 Rad expos ind/exp tm doc.



Electronically signed by AARON KOVALESKI , M.D. on 03/11/2022 at 07:08 PM EST
Sign off status: Completed

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Progress Note: Aaron Kovalski, MD 03/11/2022

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Home: 719-286-0286

Guarantor: KANE, SIMON A Insurance: AARP Medicare

Advantage through United Healthcare Payer ID: 87726

PCP: Deanna McNulty

Appointment Facility: Endovascular Consultants Of Co

03/11/2022

Aaron Kovalski, MD

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- Allopurinol 300 MG Tablet 1 tablet Orally Once a day

Reason for Appointment

1. -BUE Arterial Doppler and LLE AGRAM 1 MO FU

Assessments

1. Atherosclerosis of native arteries of extremities with rest pain, left leg - I70.222 (Primary)
2. Paresthesia of skin - R20.2
3. Nonspecific low blood-pressure reading - R03.1

Procedures

Unilat/Bilat LE Art Duplex:

INDICATIONS: Left lower extremity rest pain, Follow up status post intervention left lower extremity.

TECHNIQUE Using color flow duplex imaging and pulse Doppler spectral analysis the arteries of the left lower extremity are evaluated..

LT SIDE

LT CFA 46cm/s, Hyperemic with good systolic upstroke
 LT PROF A 36cm/s, Hyperemic with good systolic upstroke
 LT SFA P Occluded
 LT SFA M Occluded
 LT SFA D Occluded
 LT POP P Occluded
 LT POP M Occluded
 LT POP D Occluded
 LT TPT Not seen
 LT ATA P 31cm/s, Monophasic
 LT ATA M 17cm/s, Monophasic
 LT ATA D 16cm/s, Monophasic
 LT D.P. 05cm/s, continuous flow
 LT PTA P Occluded
 LT PTA M Occluded
 LT PTA D Occluded
 LT PERONEAL M 16cm/s, Monophasic

IMPRESSIONS:

1. Left superficial femoral artery and popliteal artery total occlusions with reconstitution at the proximal anterior tibial artery.
2. Left posterior tibial artery total occlusion.

Upper Extremity Arterial Duplex:

INDICATIONS Bilateral upper extremity parasthesia , Brachial systolic

KANE, SIMON A DOB: 06/05/1955 (66 yo M) Acc No. 11203 DOS: 03/11/2022

blood pressure discrepancy.

RIGHT Using colorflow duplex imaging and pulse Doppler spectral analysis the arteries of the right upper extremity are evaluated.

LEFT Using colorflow duplex imaging and pulse Doppler spectral analysis the arteries of the left upper extremity are evaluated.

BILATERAL Using colorflow duplex imaging and pulse Doppler spectral analysis the arteries of the bilateral upper extremities are evaluated.

Body Of Report RT Innominate artery 85cm/s

RT Subclavian artery prox 93cm/s

RT Subclavian artery dist 96cm/s

RT Axillary artery prox 94cm/s

RT Axillary artery mid 79cm/s

RT Axillary artery dist 59cm/s

RT Brachial artery prox 31cm/s

RT Brachial artery mid 87cm/s

RT Brachial artery dist 71cm/s

RT Radial artery prox 65cm/s

RT Radial artery mid 68cm/s

RT Radial artery dist 69cm/s

RT Ulnar artery prox 52cm/s

RT Ulnar artery mid 27cm/s

RT Ulnar artery dist 24cm/s

LT Subclavian artery prox 122cm/s

LT Subclavian artery dist 95cm/s

LT Axillary artery prox 138cm/s

LT Axillary artery mid 57cm/s

LT Axillary artery dist 52cm/s

LT Brachial artery prox 53cm/s

LT Brachial artery mid 92cm/s

LT Brachial artery dist 47cm/s

LT Radial artery prox 54cm/s

LT Radial artery mid 61cm/s

LT Radial artery dist 58cm/s

LT Ulnar artery prox 48cm/s

LT Ulnar artery mid 42cm/s

LT Ulnar artery dist 52cm/s

RT Vertebral artery 44/13cm/s normal antegrade flow

LT Vertebral artery 41/13cm/s normal antegrade flow

IMPRESSION

1. Normal bilateral upper extremity arterial exam.

Procedure Codes

93926 Lower extremity study

93930 Upper extremity study

KANE, SIMON A **DOB:** 06/05/1955 (66 yo M) **Acc No.** 11203 **DOS:** 03/11/2022



A handwritten signature in black ink, appearing to read 'A. Kovalski'.

**Electronically signed by AARON KOVALESKI , M.D. on
03/21/2022 at 04:31 PM EDT**

Sign off status: Completed

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Fax: 877-229-5440**

Progress Note: Aaron Kovalski, MD 03/11/2022

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

KANE, SIMON A DOB: 06/05/1955 (66 yo M) Acc No. 11203 DOS: 04/14/2022



KANE, SIMON A

66 Y old Male, DOB: 06/05/1955

Account Number: 11203

188 PAINTBRUSH DR, FLORISSANT, CO-80816

Home: 719-286-0286

Guarantor: KANE, SIMON A Insurance: AARP Medicare

Advantage through United Healthcare Payer ID: 87726

PCP: Deanna McNulty

Appointment Facility: ENDOVASCULAR CONSULTANTS OF CO

04/14/2022

Aaron Kovaleski, MD

Current Medications

Taking

- Aspir-81
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- Atenolol 50 MG Tablet 1 tablet Orally Once a day
- Allopurinol 300 MG Tablet 1 tablet Orally Once a day

Reason for Appointment

1. 1 month R AGRAM f/u - US

Assessments

1. Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs - I70.213 (Primary)

Procedures

Unilat/Bilat LE Art Duplex:

INDICATIONS: Bilateral lower extremity claudication.

TECHNIQUE Using color flow duplex imaging and pulse Doppler spectral analysis the arteries of the right lower extremity are evaluated..

RT SIDE

RT CFA 121cm/s, Hyperemic with good systolic upstroke

RT PROF A 192cm/s, Multiphasic

RT SFA P Occluded

RT SFA M Occluded

RT SFA D 26cm/s, Monophasic

RT POP P 24cm/s, Monophasic

RT POP M 39cm/s, Multiphasic

RT POP D 36cm/s, Multiphasic

RT TPT 65cm/s, Monophasic

RT ATA P 26cm/s, Monophasic

RT ATA M Occluded

RT ATA D 34cm/s, Monophasic

RT D.P. 11cm/s, Monophasic

RT PTA P 57cm/s, Monophasic

RT PTA M 56cm/s, Monophasic

RT PTA D 56cm/s, Monophasic

RT PERONEAL M 34cm/s, Monophasic

IMPRESSIONS:

1. Right superficial femoral artery total occlusion with reconstitution at the distal thigh
2. Right mid anterior tibial artery occlusion

Procedure Codes

93926 Lower extremity study

Progress Note: Aaron Kovaleski, MD 04/14/2022

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KANE, SIMON A **DOB:** 06/05/1955 (66 yo M) **Acc No.** 11203 **DOS:** 04/14/2022



Electronically signed by AARON KOVALESKI , M.D. on
04/15/2022 at 03:32 PM MDT

Sign off status: Completed

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Progress Note: Aaron Kovalski, MD 04/14/2022

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KANE, SIMON A DOB: 06/05/1955 (66 yo M) Acc No. 11203 DOS: 04/14/2022



KANE, SIMON A

66 Y old Male, DOB: 06/05/1955

Account Number: 11203

188 PAINTBRUSH DR, FLORISSANT, CO-80816

Home: 719-286-0286

Guarantor: KANE, SIMON A Insurance: AARP Medicare

Advantage through United Healthcare Payer ID: 87726

PCP: Deanna McNulty

Appointment Facility: ENDOVASCULAR CONSULTANTS OF CO

04/14/2022

Progress Notes: Aaron Kovaleski, MD

Current Medications

Taking

- Levothyroxine Sodium 125 MCG Tablet 1 tablet in the morning on an empty stomach Orally Once a day
 - Aspirin-81
 - Varenicline Tartrate 1 MG Tablet as directed Orally
 - Famotidine 20 MG Tablet 1 tablet at bedtime as needed Orally Once a day
 - hydroCHLORothiazide 25 MG Tablet 1 tablet in the morning Orally Once a day
 - Clopidogrel Bisulfate 75 MG Tablet 1 tablet Orally Once a day
 - Atorvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day
 - Atenolol 50 MG Tablet 1 tablet Orally Once a day
 - Allopurinol 300 MG Tablet 1 tablet Orally Once a day
 - Discontinued
 - Levothyroxine Sodium 100 MCG Tablet 1 tablet in the morning on an empty stomach Orally Once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

High cholesterol.
Angina.
Thyroid problem.
Cataracts.
Heartburn.
Pain in legs with walking.

Surgical History

cardiac stent 2002
iliac artery stent 2019

Family History

Father: colon cancer, emphysema
Mother: alcohol abuse, bleeding problems, emphysema, hypertension

Social History

Tobacco Use:

Reason for Appointment

- 1 MONTH RLE AGRAM F/U - CLINIC
- Follow-up Appointment

History of Present Illness

Constitutional:

Reason for F/U: 1 month RLE AGRAM 3/11/22

Imaging: US at ECCO Today.

Patient feels their condition is: PT states he felt a slight improvement, no RLE leg pain, but feels about the same as before. C/O Left leg pain more often that keeps his awake at night with redness/discoloration to LLE. Small scab on left ankle medial.

66-year-old male 1 month status post right lower extremity arterial intervention. During the procedure, the SFA lesion was unable to be crossed but his lesions distal to the occlusion were treated. He states that his symptoms are essentially unchanged in either lower extremity. His left leg is still worse than his right. He is wondering what next steps there are to help with his leg pain.

Vital Signs

Temp **97.9 F**, HR **73 /min**, BP **140/79 mm Hg**, Wt **264 lbs**, BMI **36.82 Index**, Ht 71 in, RR **16 /min**, Oxygen sat % 91 %.

Examination

Pre-Sedation Assessment:

GENERAL APPEARANCE: pleasant, well nourished, in no acute distress.

LUNGS: good air movement.

HEAD: normocephalic, atraumatic, no scalp lesions.

EYES: BOTH EYES, normal.

NECK/THYROID: no cervical lymphadenopathy, no jugular venous distention.

EXTREMITIES: Skin discoloration, cap refill delay.

Assessments

- Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity - I70.229
- Peripheral vascular disease, unspecified - I73.9

Treatment

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KANE, SIMON A DOB: 06/05/1955 (66 yo M) Acc No. 11203 DOS: 04/14/2022

Tobacco Use/Smoking

Are you a *current smoker*
Smoking Status: Current, If former or current, how many packs per day, for how many years? 2 until recently. was down to 3 cigarettes a day. 40 year smoker.

Drugs/Alcohol:

Drugs

Have you used drugs other than those for medical reasons in the past 12 months? No

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? Yes

Points 0

Interpretation *Negative*

Do you drink alcohol?: Yes .5 rarely.

Miscellaneous:

Domestic violence: none.

Allergies

Adhesive

Review of Systems

-Constitution:

Fatigue Denies. Fever Denies.
Unexpected Weight Change Denies.

-Respiratory:

Chest Tightness Denies.
Cough Denies. Shortness of
Breath Denies. Home Oxygen Denies.
Asthma Denies.

-Cardiovascular:

Chest Pain Denies. Leg Swelling
Admits, LLE. Palpitations Denies.
Congestive Heart Failure Denies.
Arrhythmia Denies. Myocardial
Infarction Denies.

-Gastrointestinal:

Abdominal Pain Denies. Blood in
Stool Denies. Nausea Denies.

-Genitourinary:

Difficulty Urinating Denies.
Dysuria Denies. Frequency Denies.
Hematuria Denies. Scrotal
Swelling Denies. Urgency Denies. Urine
Decreased Denies. Prostate
Complaints Denies.

-Musculoskeletal:

Arthralgias Denies. Back Pain
Admits. Joint Swelling Denies.

-Skin:

Color Change
Admits, Redness/Discoloration to LLE.
Rash Denies. Wound Denies.

-Neurological:

Dizziness Denies.
Headaches Denies. Light-
headedness Denies.

-Hematological:

Adenopathy Denies. Bruises/Bleeds
Easily Admits. Anemia Denies.

1. Others

Notes: 1. Arterial Doppler demonstrates unchanged appearance of the right lower extremity arterials with monophasic waveforms distal to the SFA occlusion.

2. I do not believe that the patient is a candidate for any further endovascular intervention. I will refer him to vascular surgery to evaluate for any surgical options such as bypass.

Clinical Notes:

I spent 25 minutes of face-to-face time with the patient AND at least HALF was used for counseling and coordination of care regarding treatment options and imaging.

Referral To: Vascular Surgery

Reason: Vascular Surgery - Emily Malgor at UC Health Highlands Ranch | Eval for potential bypass

Visit Codes

99213 Office Visit- Est Pt.- Level 3.

Procedure Codes

G8427 DOC MEDS VERIFIED W/PT OR RE



Electronically signed by AARON KOVALESKI, M.D. on
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