

SIMON, CLAUDE

51 years

Male Caucasian

Vent. rate 52 bpm
PR interval 166 ms
QRS duration 80 ms
QT/QTc 424/394 ms
P-R-T axes 63 62 41

ID: 000012758 17-Jul-2007 9:57:56

CENTRAL GEORGIA HEART CENTER

Sinus bradycardia
Left atrial enlargement
Borderline ECG

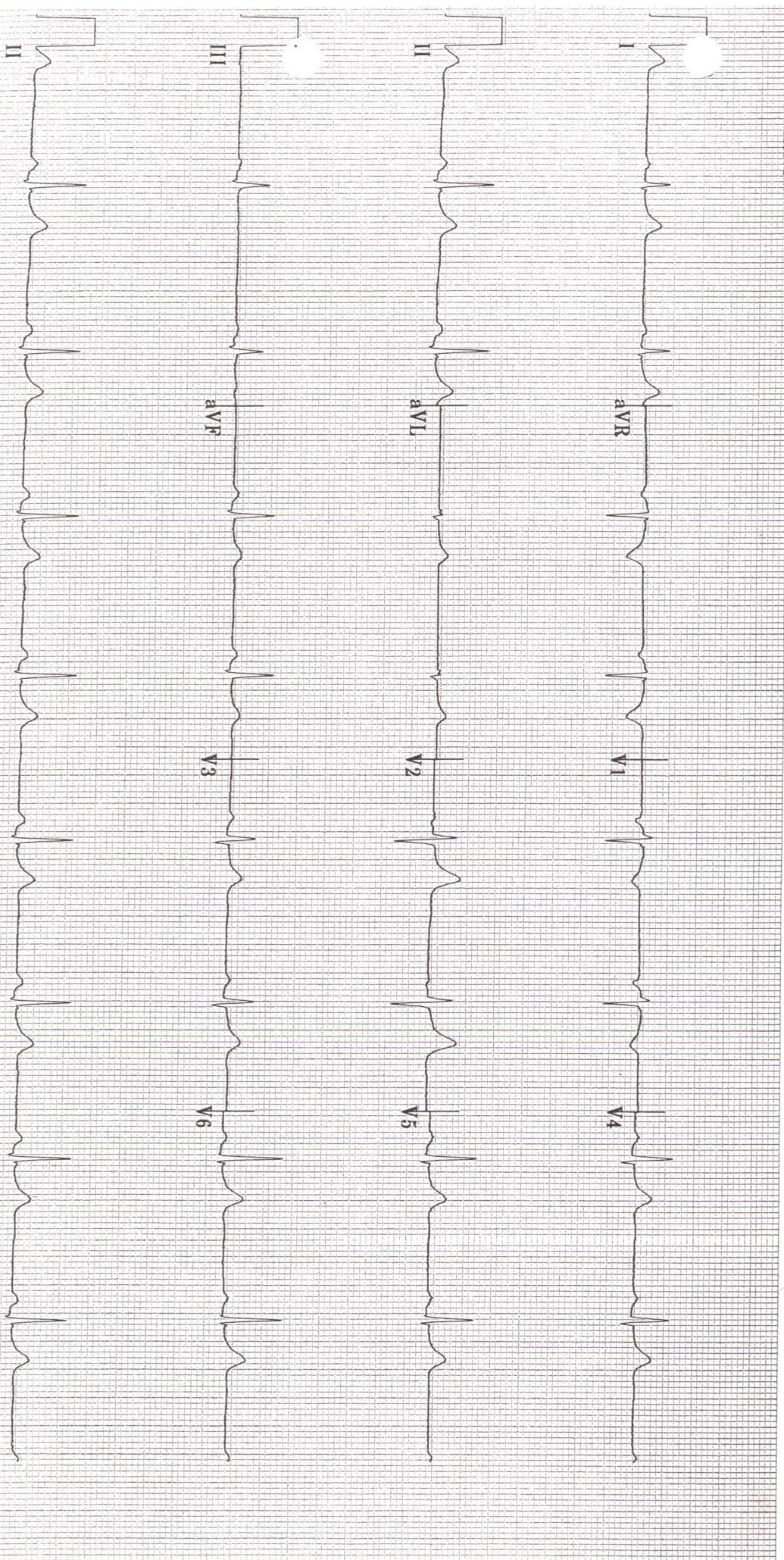
Room: 88 Loc: 88 Opt:

Technician: SM SR

reader: HAWKINS

Referred by: MAXWELL DUKE

Unconfirmed



150 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm lead

MACVU 003B

12SLtm v250



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July 17, 2007

Maxwell Duke, M.D.
908 Hillcrest Pkwy.
Dublin, GA 31021

RE: CLAUDE SIMON
DOB: 3/05/56

Dear Maxwell,

I saw Mr. Simon back for follow up today. He came urgently to the hospital here eight weeks ago and required a coronary stent to the anastomosis of his vein graft site.

He is doing well. I want to keep him on long term aspirin and Plavix. I plan on seeing him back in six months for follow up.

I appreciate you taking such good care of him and following his lipid therapy.

Sincerely,

John C. Hawkins, M.D., P.C.
JCH/bey

* Final Report *

Medical Center of Central Georgia

Result Type: GHC Cardio Cath
Result Date: May 07, 2007 9:50 AM
Result Status: Auth (Verified)
Result Title: CA
Performed By: Dorogy MD, Mark E on May 07, 2007 9:50 AM
Encounter info: 0982694677125, MCCG, Inpatient, 05/05/2007 - 05/08/2007

*** Final Report ***

CA

PROCEDURE DATE: 05/07/2007 09:50

Document Number: 1819408
Encounter Number: 982694677125
Accession Number: CA-07-0003240

Referring MD: Michael Duke, M.D.

PROCEDURE PERFORMED:

1. Right percutaneous femoral arteriotomy.
2. Single plane left ventricular cineangiography.
3. Left and right coronary cineangiography.
4. Saphenous vein graft cineangiography.
5. Left internal mammary arteriography.
6. Angioplasty and stenting of the distal anastomosis of the saphenous vein graft to the right coronary artery.

COMPLICATIONS:

None.

HEMODYNAMIC DATA:

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Printed on: 07/16/2007 8:25 AM

Page 1 of 4
(Continued)

* Final Report *

Medical Center of Central Georgia

The central aortic pressure is 130/86. The mean aortic pressure is 107. The left ventricular systolic pressure is 126. The left ventricular end-diastolic pressure is 8. There is no gradient on aortic valve pullback.

SINGLE PLANE LEFT VENTRICULAR CINEANGIOGRAPHY:

The angiography is suitable for interpretation. The left main coronary artery is diffusely diseased. The left anterior descending artery is occluded after the first septal perforator. The circumflex coronary artery is occluded proximally. The right coronary artery is occluded after the first right ventricular branch.

SAPHENOUS VEIN GRAFT CINEANGIOGRAPHY:

The angiography is suitable for interpretation. A triple sequential graft to two obtuse marginal branches and a posterior lateral marginal branch was identified. The proximal distal anastomotic sites are patent. The body of the graft has diffuse minor irregularities. The two obtuse marginal branches and the posterior lateral marginal branch are widely patent distal to the graft insertion site. The saphenous vein graft to a diagonal branch was identified. The proximal and distal anastomotic sites are patent. The body of the graft has only minor irregularities. The left anterior descending artery is patent distal to the graft insertion site. The saphenous vein graft to the distal right coronary artery was identified. The proximal anastomotic site is patent. There is a subtotal occlusion at the distal anastomosis. There are diffuse minor irregularities in the body of the graft. The posterior descending artery and posterior lateral marginal branch are patent beyond the graft insertion site.

LEFT INTERNAL MAMMARY ARTERIOGRAPHY:

The arteriography is suitable for interpretation. The left internal mammary artery is widely patent. The left anterior descending artery is patent distal to the graft insertion site.

DILATING SYSTEM FOR THE RIGHT CORONARY ARTERY SAPHENOUS VEIN GRAFT:

1. Guiding catheter: #6 French multipurpose.
2. Guide wire: Choice PT extra support.
3. Predilatation balloon: 2.5 x 15 mm Maverick.
4. Stent: 3.5 x 15 mm Taxus.

TECHNIQUE:

* Final Report *

Medical Center of Central Georgia

The patient remained in the catheterization laboratory after the diagnostic procedure. A weight based Angiomax bolus and infusion was started. The guiding catheter was seated in the vein graft ostium without difficulty. A Choice PT wire was advanced through the subtotal occlusion and the distal portion of the graft into the posterior descending artery with a mild degree of difficulty. A 2.5 x 15 mm Maverick balloon catheter was then positioned across the stenosis. It was inflated to 8 atmospheres for 20 seconds. This balloon catheter was then exchanged for a 3.5 x 16 mm Taxus stent, which was placed across the distal anastomosis where the stent was deployed at 18 atmospheres for 20 seconds. The dilating system was then withdrawn and a final coronary cineangiogram was obtained. The hemostatic sheath was removed at the end of the procedure and the arteriotomy was closed using a Perclose device with good hemostasis. The patient was returned to the recovery room in stable condition.

INTERPRETATION OF DATA:

Prior to angioplasty, there was a subtotal occlusion at the distal anastomosis of the saphenous vein graft to the right coronary artery. Following angioplasty and stenting, it was widely patent with no residual narrowing and brisk antegrade flow.

IMPRESSION:

Successful angioplasty and stenting of the right coronary artery saphenous vein graft.

RECOMMENDATION:

1. Long term treatment with aspirin and Plavix.
2. Continued aggressive risk factor modifications.

Report Dictated By: Mark E. Dorogy, M.D.

Dictator Status: A

ELECTRONICALLY AUTHENTICATED BY:

Mark E. Dorogy, M.D. 05/10/2007 16:42

Mark E. Dorogy, M.D.

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D: 05/07/2007 9:50 A T:05/07/2007 9:58 P

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Printed on: 07/16/2007 8:25 AM

Page 3 of 4
(Continued)

Dr Maxwell Danke
Dr Hanfis

Name

Ref. M

SIMON, CLAUDE

Ref. H

MR 098269467

Opera

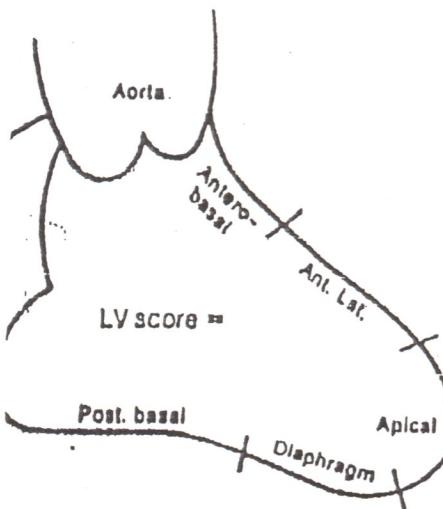
CPI 098269467-1205

Date

AGE - 45 DOB - 03-

ATG. MD - JOHNSON, JC

FIN. CLASS - 1



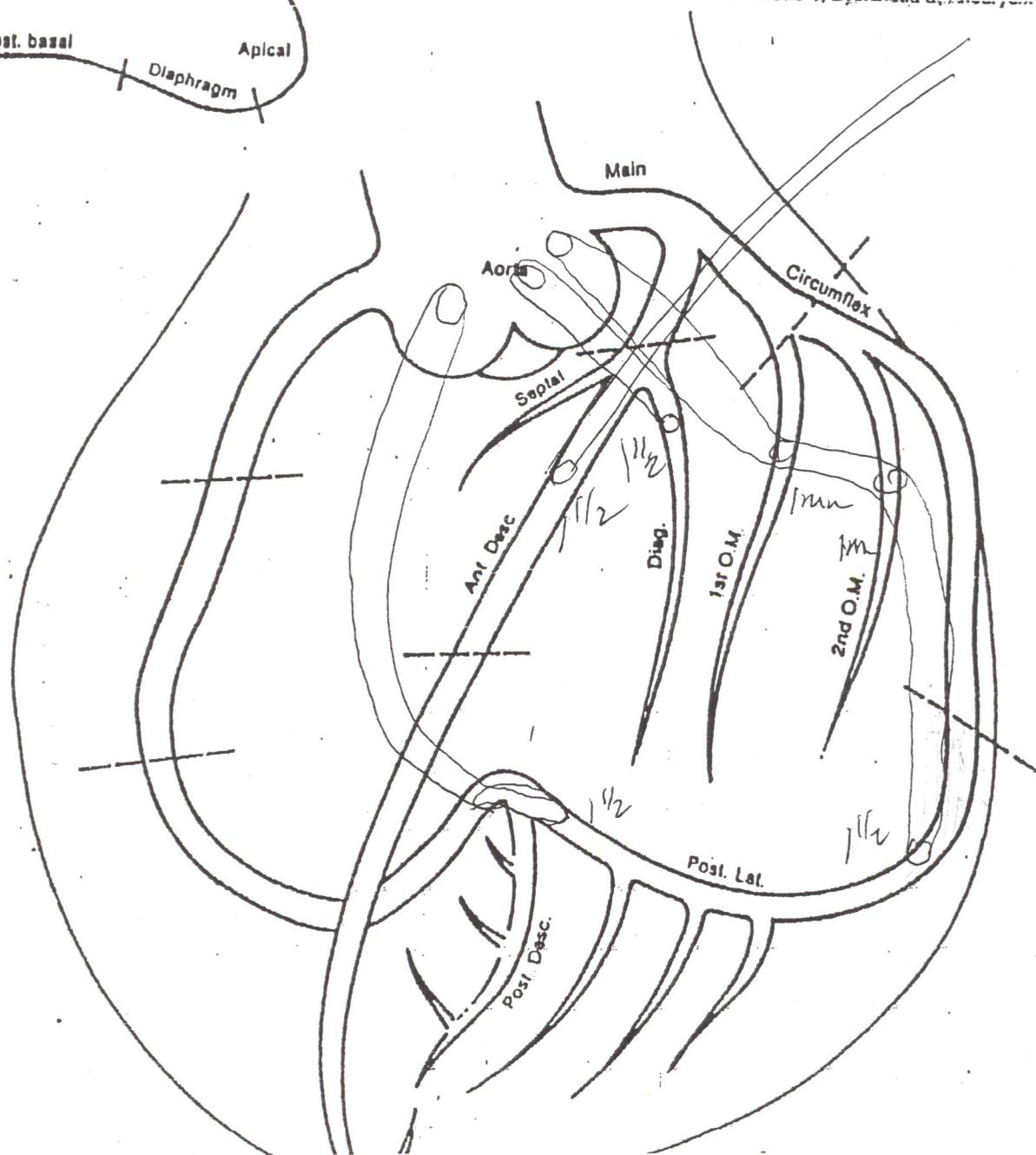
LV score 5 = normal

LV score 12-18 = E.F. < 0.3

LV score > 17 = E.F. < 0.2

7/26/07

LV score - add all segments: Normal 1, Moderate 2, Severe 3,
Akinetis 4, Dyskinetic 5, Aneurysm 6



NAME: Simon, Claude
#: 098-26-9467
Joe Johnson, M.D.

DATE: 07/26/2001
ROOM#:

OPERATIVE REPORT

Preoperative Diagnosis: Coronary artery disease.

Postoperative Diagnosis: Coronary artery disease.

Operation: Coronary bypass x 6 with IMA and right coronary endarterectomy.

Surgeon: Dr. Johnson and Dr. Rizzoni.

Rodonna Creasey, PA

Anesthesiologist: Lesley.

Perfusionist: Bill Martin.

Procedure: Patient brought to the operating room, placed supine on the operating table. After adequate general anesthesia obtained, the patient was prepped and draped in the routine fashion. Simultaneous medial sternotomy and saphenous vein incision was made. Saphenous vein was harvested from the left leg, closed in a routine fashion. Mediastinal incision was and sternum divided with a sternal saw. Mammary was taken down with a pedicle. Patient was heparinized. Pedicle divided. Patient was cannulated in a routine fashion, placed on bypass and cooled. The aorta was cross-clamped and heart cardioplegia vent through the aortic root and cold cardioplegia and slush was used to topically cool the heart. Right coronary was approached first. There was disease at the crux that extended out onto the PDA in a small left ventricular branch. This was assessed. The left ventricular branch was too small to do. The artery at the crux was opened and extended out onto the PDA and an extended endarterectomy in both the PDA and left ventricular branch were accomplished. Onlay patch graft bypass was then accomplished using a saphenous vein to the distal right coronary with 7-0 Prolene suture with good flow and no leak. The distal circulation of the circ was then assessed. OM1, OM2, and OM3 were done. OM1 and OM2 were barely a millimeter in diameter. OM3 was 1.25 mm to 1.5 mm but had significant plaque throughout its course. They were done side to side, side to side and end to side, respectively with the same piece of vein graft. Neither the circ nor the right coronary targets are re-doable in my opinion. The diagonal was 1.5. It was done end to side with a single vein graft. There was good flow and no leak. The LAD had multiple plaques throughout its course. It was done in its midportion with the mammary. The mammary was 2.5 to 3 mm in diameter. The LAD was 2 mm in diameter. There was good flow through the mammary and this was accomplished with 8-0 Prolene suture. The pedicle sutured to the epicardium with 6-0 Prolene. Heart was deaired and the clamp released, flow was established, heart beat spontaneously without fibrillation or defibrillation. Proximal occlusion clamp was placed on the proximal aorta and three 4.4 mm punch holes were made. The vein graft was sewn to the punch hole with 6-0 Prolene suture in a running fashion. The proximal aorta and vein grafts were deaired and the clamp released and flow established. Proximal and distal anastomoses inspected, no leak was identified. Rewarming was completed, patient weaned from bypass. Bypass terminated, cannulas removed, Protamine was infused, wounds made hemostatic, ventricular pacing wires and chest tubes were placed per routine. Patient was closed per routine and transferred to ICU in stable condition.

COPY TO: Joe Johnson, M.D.

Name: Simon, Claude
#: 098-26-9467
Joe Johnson, M.D.

Pt. Location:

OPERATIVE REPORT - CONTINUED
PAGE 2

Joe Johnson, M.D.

D: 07/26/2001 T:07/31/2001 5:36 A

JJ/Hg8/655874

cc: John Hawkins, M.D.
Joe Johnson, M.D.
cc: Dr. Joe Johnson, Dr. Maxwell Duke, Dr. Hawkins.

COPY TO: Joe Johnson, M.D.