LOCAL TITLE: C&P CAPRI EXAMINATION

STANDARD TITLE: C & P EXAMINATION NOTE

DATE OF NOTE: JUL 20, 2017@13:06:06 ENTRY DATE: JUL 20, 2017@13:06:06

AUTHOR: ------------- EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Hypertension

Disability Benefits Questionnaire

REFERRAL CLINIC

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Name of patient/Veteran: ------------------------

Is this DBQ being completed in conjunction with a VA 21-2507, C&P

Examination

Request?

[ ] Yes [X] No

If no, how was the examination completed (check all that apply)?

[X] In-person examination

[X] Records reviewed

Evidence Review

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Evidence reviewed (check all that apply):

[X] CPRS

[X] Other (please identify other evidence reviewed):

This DBQ was completed at veteran's request.

Per ECHCS Compensation and Pension Department Standard Operating

Procedure concerning the Revised DBQ Referral Clinic (approved

1/16/2015) VBMS C-file was not reviewed.

1. Diagnosis

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Does the Veteran now have or has he/she ever been diagnosed with

hypertension

or isolated systolic hypertension based on the following criteria:

**[X] Yes** [ ] No

[X] Hypertension

ICD code: I10 Date of diagnosis: **1960s**

2. Medical history

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a. Describe the history (including onset and course) of the Veteran's

hypertension condition (brief summary):

Veteran served in the US Army. He is accompanied by his wife and is

the

source of information for this report. Vetran has suffered a stroke

and

is unable to speak.

Wife states the veteran was diagnosed with hypertension in the 1960s

and has been on many different medications. Currently due to other

medical conditions his medication for the hypertension is now

furosemide. His BP is checked frequently and is well controlled.

b. Does the Veteran's treatment plan include taking continuous medication

for

**hypertension or isolated systolic hypertension?**

**[X] Yes**  [ ] No

If yes, list only those medications used for the diagnosed conditions:

Furosemide

c. Was the Veteran's initial diagnosis of hypertension or isolated systolic

hypertension confirmed by blood pressure (BP) readings taken 2 or more

times on at least 3 different days?

[ ] Yes [ ] No [X] Unknown

d. Does the Veteran have a history of a diastolic BP elevation to

predominantly 100 or more?

[ ] Yes [X] No

3. Current blood pressure readings

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Systolic Diastolic

Blood pressure reading 1: 128 / 62 Date: 7/19/2017

Blood pressure reading 2: 122 / 60 Date: 7/19/2017

Blood pressure reading 3: 124 / 60 Date: 7/19/2017

Average Blood Pressure Reading: 124 / 60

4. Other pertinent physical findings, complications, conditions, signs,

symptoms and scars

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a. Does the Veteran have any other pertinent physical findings,

complications, conditions, signs or symptoms related to the conditions

listed in the Diagnosis Section above?

[ ] Yes [X] No

b. Does the Veteran have any scars (surgical or otherwise) related to any

conditions or to the treatment of any conditions listed in the Diagnosis

Section above?

[ ] Yes [X] No

c. Comments, if any:

No response provided

5. Functional impact

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Does the Veteran's hypertension or isolated systolic hypertension impact his

or her ability to work?

[ ] Yes [X] No

6. Remarks, if any

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This DBQ was completed at veteran's request.

Per ECHCS Compensation and Pension Department Standard Operating

Procedure

concerning the Revised DBQ Referral Clinic (approved 1/16/2015) VBMS

C-file was not reviewed.

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**Heart Conditions: (Including Ischemic & Non-ischemic Heart**

**Disease, Arrhythmias, Valvular Disease and Cardiac Surgery)**

**Disability Benefits Questionnaire**

REFERRAL CLINIC

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Name of patient/Veteran: Fredrick, Gerald Walter

Is this DBQ being completed in conjunction with a VA 21-2507, C&P

Examination

Request?

[ ] Yes [X] No

If no, how was the examination completed (check all that apply)?

[X] In-person examination

[X] Records reviewed

Evidence Review

---------------

Evidence reviewed (check all that apply):

[X] CPRS

[X] Other (please identify other evidence reviewed):

This DBQ was completed at veteran's request.

Per ECHCS Compensation and Pension Department Standard Operating

Procedure concerning the Revised DBQ Referral Clinic (approved

1/16/2015) VBMS C-file was not reviewed.

1. Diagnosis

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Does the Veteran now have or has he/she ever been diagnosed with a heart

condition?

**[X] Yes** [ ] No

[X**] Coronary artery disease**

ICD code: I25.10 Date of diagnosis: unknown

[X] **Cardiomyopathy**

ICD code: I42 Date of diagnosis: 3/12/2017

[X] Other heart condition, specify below

**Other diagnosis #1: Atrial fibrillaiton**

ICD code: I48.91

Date of diagnosis: 2016

2. Medical History

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a. Describe the history (including onset and course) of the Veteran's heart

condition(s) (brief summary):

Veteran served in the US Army. He is accompanied by his wife and is the

source of information for this report. **Vetran has suffered a stroke and**

**is unable to speak.**

Wife states the veteran was diagnosed with atrial fibrillation in the

past year or so and has been on medication to prevent further blood

clots or stroke. Currently he is using aspirin. **She states he is also**

**diagnosed with coronary artery disease by National Jewish Medical**

**center**

**and she believes that it was caused by herbicide exposure at Fort Knox.**

Veteran did not serve in Vietnam. He has been evaluated extensivley at

National Jewish Health center.

b. **Do any of the Veteran's heart conditions qualify within the generally**

**accepted medical definition of ischemic heart disease (IHD)?**

**[X] Yes**  [ ] No

If yes, list the conditions that qualify:

**Coronary artery disease**

c. Provide the etiology, if known, of each of the Veteran's heart

conditions,

including the relationship/causality to other heart conditions,

particularly the relationship/causality to the Veteran's IHD conditions,

if any:

Heart condition #1: Provide etiology

blockage of coronary arteries.

d. **Is continuous medication required for control of t**

**he Veteran's heart**

**condition?**

**[X] Yes** [ ] No

3. Myocardial infarction (MI)

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Has the Veteran had a myocardial infarction (MI)?

[ ] Yes [X] No

4. Congestive Heart Failure (CHF)

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Has the Veteran had congestive heart failure (CHF)?

[ ] Yes [X] No

5. Arrhythmia

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Has the Veteran had a cardiac arrhythmia?

**[X] Yes** [ ] No

Type of arrhythmia (check all that apply):

**[X] Atrial fibrillation**

If checked, indicate frequency:

[X] Constant [ ] Intermittent (paroxysmal)

6. Heart valve conditions

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Has the Veteran had a heart valve condition?

[ ] Yes [X] No

7. Infectious heart conditions

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Has the Veteran had any infectious cardiac conditions, including active

valvular infection (including rheumatic heart disease), endocarditis,

pericarditis or syphilitic heart disease?

[ ] Yes [X] No

8. Pericardial adhesions

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Has the Veteran had pericardial adhesions?

[ ] Yes [X] No

9. Procedures

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Has the Veteran had any non-surgical or surgical procedures for the

treatment

of a heart condition?

[ ] Yes [X] No

10. Hospitalizations

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Has the Veteran had any other hospitalizations for the treatment of heart

conditions (other than for non-surgical and surgical procedures described

above)?

[ ] Yes [X] No

11. Physical exam

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a. Heart rate: 68

b. **Rhythm: [ ] Regular [X] Irregular**

c. Point of maximal impact: [**X] Not palpable** [ ] 4th intercostal space

[ ] 5th intercostal space

[ ] Other, specify:

d. Heart sounds: [X] Normal [ ] Abnormal, specify:

e. Jugular-venous distension: [ ] Yes [X] No

f. Auscultation of the lungs: [X] Clear [ ] Bibasilar rales

[ ] Other, describe:

g. Peripheral pulses:

Dorsalis pedis: [ ] Normal [**X] Diminished** [ ] Absent

Posterior tibial: [ ] Normal [**X] Diminished** [ ] Absent

h. Peripheral edema:

Right lower extremity: [ ] None **[X] Trace**

[ ] 1+ [ ] 2+ [ ] 3+ [ ] 4+

Left lower extremity: [ ] None **[X] Trace**

[ ] 1+ [ ] 2+ [ ] 3+ [ ] 4+

i. Blood pressure: 128/62

12. Other pertinent physical findings, complications, conditions, signs,

symptoms and scars

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a. Does the Veteran have any other pertinent physical findings,

complications, conditions, signs or symptoms related to any conditions

listed in the Diagnosis Section above?

[ ] Yes [X] No

b. Does the Veteran have any scars (surgical or otherwise) related to any

conditions or to the treatment of any conditions listed in the Diagnosis

Section above?

[ ] Yes [X] No

c. Comments, if any:

No response provided

13. Diagnostic Testing

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a. Is there evidence of cardiac hypertrophy?

[ ] Yes [X] No

b. Is there evidence of cardiac dilatation?

[ ] Yes [X] No

c. Diagnostic tests

Indicate all testing completed; provide only most recent results which

reflect the Veteran's current functional status (check all that apply):

[X] EKG Date of EKG: 3/22/2017

Result: [X] Normal

[**X] Echocardiogram Date of echocardiogram: 4/4/2016**

**Left ventricular ejection fraction (LVEF): 60-65% %**

Wall motion:

[X] Normal [ ] Abnormal, describe:

Wall thickness:

[X] Normal [ ] Abnormal, describe:

[X] Other test, specify:

CT Thorax - 3/12/2017 - Impression

**Consolidations at both lung bases, infection not excluded**

**Coronary artery calcification.**

**Cardiomegaly**

**Tracheostomy tube**

Date: 3/12/2017

Result:

CT Thorax - 3/12/2017 - Impression

Consolidations at both lung bases, infection not excluded

Coronary artery calcification.

Cardiomegaly

Tracheostomy tube

14. METs Testing

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Indicate all testing completed; provide only most recent results which

reflect the Veteran's current functional status (check all that apply):

a. Exercise stress test

No response provided.

b. If an exercise stress test was not performed, provide reason:

[**X] Other, describe:**

**Previous stroke, unable to perform exercise stress test**

c. [X] Interview-based METs test

Date of interview-based METs test: 7/19/2017

Results of interview-based METs test

METs level on most recent interview-based METs test:

[X] The Veteran denies experiencing symptoms attributable to a

cardiac condition with any level of physical activity

d. Has the Veteran had both an exercise stress test and an interview-based

METs test?

[ ] Yes [X] No

e. Is the METs level limitation provided above due solely to the heart

condition(s) that the Veteran is claiming in the Diagnosis Section?

**[X] Yes** [ ] No

If yes, skip Section 14f.

f. What is the estimated METs level due solely to the cardiac condition(s)

listed above? (If this is different than METs reported above because of

co-morbid conditions, provide METs level and Rationale below.)

No response provided.

g. Comments, if any:

No response provided.

15. Functional impact

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Does the Veteran's heart condition(s) impact his or her ability to work?

[ ] Yes [X] No

16. Remarks, if any

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This DBQ was completed at veteran's request.

Per ECHCS Compensation and Pension Department Standard Operating

Procedure concerning the Revised DBQ Referral Clinic (approved

1/16/2015) VBMS C-file was not reviewed.

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**Respiratory Conditions**

**(Other Than Tuberculosis and Sleep Apnea)**

**Disability Benefits Questionnaire**

REFERRAL CLINIC

---------------

Name of patient/Veteran: Fredrick, Gerald Walter

Is this DBQ being completed in conjunction with a VA 21-2507, C&P

Examination

Request?

[ ] Yes [X] No

If no, how was the examination completed (check all that apply)?

[X] In-person examination

[X] Records reviewed

Evidence Review

---------------

Evidence reviewed (check all that apply):

[X] CPRS

[X] Other (please identify other evidence reviewed):

This DBQ was completed at veteran's request.

Per ECHCS Compensation and Pension Department Standard Operating

Procedure concerning the Revised DBQ Referral Clinic (approved

1/16/2015) VBMS C-file was not reviewed.

SECTION I: DIAGNOSES

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Does the Veteran now have or has he/she ever been diagnosed with a

respiratory condition? (This is the condition the Veteran is claiming or for

which an exam has been requested**): Yes**

[X] Other, specify:

Other diagnosis: **Respiratory failure with hypoxia**

ICD code: J96.91

Date of diagnosis: 2009

SECTION II: MEDICAL HISTORY

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Describe the history (including onset and course) of the Veteran's

respiratory condition (brief summary): Veteran served in the US Army. He is

accompanied by his wife and is the source of information for this report.

**Veteran has suffered a stroke and is unable to speak.**

**Wife states the veteran was diagnosed with respiratory failure with hypoxia.**

Veteran has a tracheostomy tube. **He has been treated for repeated lung**

**infections and a CT of the thorax shows consolidations at both lung bases,**

**(infection not excluded), coronary artery calcification, and cardiomegaly.**

**Veteran has had a PFT which shows abnormal lung volumes indicative of**

**hyperinflation and air trapping with AIRWAY RESISTANCE. He has never smoked,**

**but his wife states that the veteran was exposed to industrial hazards as a**

**tank mechanic at Fort Knox and** Fort Dix. He is being followed by his PCP at

the VA and also by National Jewish health center.

Does the Veteran's respiratory condition require the use of oral or

parenteral corticosteroid medications? No

**Does the Veteran's respiratory condition require the use of inhaled**

**medications? Yes**

**Check all that apply:**

**[X] Inhalational bronchodilator therapy**

**Indicate frequency: Daily**

**[X] Inhalational anti-inflammatory medication**

**Indicate frequency: Daily**

Does the Veteran's respiratory condition require the use of oral

bronchodilators? No

Does the Veteran's respiratory condition require the use of antibiotics? No

**Does the Veteran require outpatient oxygen therapy for his or her**

**respiratory**

**condition? No**

SECTION III: **Pulmonary conditions**

**---------------------------------**

**Does the Veteran have any of the following pulmonary conditions? Yes**

**[X] Other pulmonary conditions, pertinent physical findings or scars due**

**to pulmonary conditions**

Other pertinent physical findings, scars, complications, conditions, signs,

symptoms and scars

-----------------------------------------------------------------------

Does the Veteran have any other pertinent physical findings, complications,

conditions, signs or symptoms related to any conditions listed in the

Diagnosis Section above? No

Does the Veteran have any scars (surgical or otherwise) related to any

conditions or to the treatment of any conditions listed in the Diagnosis

Section above? No

Comments, if any: No response provided

SECTION IV: Diagnostic testing

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Have imaging studies or procedures been performed? **Yes**

[X] Computed tomography (CT)

Date: 3/12/2017

Results: Exam Date/Time

03/12/2017 12:53

Procedure Name

CT THORAX HIGH RESOLUTION

Reason for Study

**recurrent infections**

Clinical History

NO VAMC IMAGING PROCEDURES WITHIN LAST YEAR

Plain films obtained concurrent with or w/in one month of

requested musculoskeletal/spine CT/MRI?

NA (STUDY NOT RELATED TO MUSCULOSKELETAL ISSUE)

1. Responsible provider and contact number/pager:

Miller 303-929-2145

2. Symptoms/Duration/Physical findings/Working diagnosis:

**Recurrent pneumnias**

3. Briefly describe how results will impact management:

characterize, rule out bronchiectasis

>> PLEASE NOTE THAT FAILURE TO PROVIDE CLINICAL INFORMATION

MAY LEAD TO

CANCELLATION OF THE REQUEST AND REFERRAL TO RESPECTIVE

SERVICE CHIEF.

Patient Address: 10861 TENNYSON CT WESTMINSTER, COLORADO

80031

Cell:(720)724-1308

Home:(720)724-1308

CREATININE (Includes EGFR) - NONE FOUND

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MAY MODIFY EXAM AT RADIOLOGIST DISCRETION BASED ON

CLINICAL HISTORY PROVIDED ON IMAGING REQUEST.

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Impression

**Consolidations at both lung bases, infection not excluded**

**Coronary artery calcification.**

**Cardiomegaly**

**Tracheostomy tube**

Report

CT thorax high resolution

Technique: Axial images were obtained through the thorax,

sagittal and

coronal reformats .

Clinical history:Recurrent infections CTDI:19.6mGy IV

contrast:None

Comparison:None

Findings:

Mediastinal structures:Tracheostomy tube. Exam degraded by

patient motion.

No masses or adenopathy in the mediastinum, hila or axilla

Upper Abdomenunremarkable

Vascular structures:Normal caliber aorta with moderate

**calcific**

**atherosclerotic disease. Dilated pulmonary arteries.**

**Coronary artery**

**calcification. Enlarged heart size at upper cardial effusion**

Lung parenchyma:There is opacification at both lung bases

which is

subsegmental. No fluid overload or pneumothorax

Musculoskeletal structures:Maintained vertebral body height

and alignment.

No lytic or blastic lesions. Mild spondylosis.

Primary Diagnostic Code: MINOR ABNORMALITY

Secondary Diagnostic Codes:

NONE

Facility: DENVER VA MEDICAL CENTER

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**Has pulmonary function testing (PFT) been performed? Yes**

Do PFT results reported below accurately reflect the Veteran's current

pulmonary function? Yes

PFT results

Date: 3/29/2017

Pre-bronchodilator: Post-bronchodilator, if indicated:

FVC: 50% predicted FVC: 48% predicted

FEV-1: 31% predicted FEV-1: 27% predicted

FEV-1/FVC: 62% FEV-1/FVC: 55%

DLCO: unattainable% predicted

Which test result most accurately reflects the Veteran's level of disability

(based on the condition that is being evaluated for this report)? **FVC%**

**predicted**

If diffusion capacity of the lung for carbon monoxide by the single breath

method (DLCO) testing has not been completed, provide reason: Other,

description: **Unattainable - patient unable to take a deep enough breath**

Does the Veteran have multiple respiratory conditions? No

Has exercise capacity testing been performed? No

Are there any other significant diagnostic test findings and/or results? No

SECTION V: Functional impact and remarks

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1. Functional impact

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Does the Veteran's respiratory condition impact his or her ability to work?

**Yes**

Describe impact of each of the Veteran's respiratory conditions, providing

one or more examples: Veteran is bound to a wheelchair due to the stroke

and respiratory failure with hypoxia.

2. Remarks, if any:

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This DBQ was completed at veteran's request.

Per ECHCS Compensation and Pension Department Standard Operating

Procedure

concerning the Revised DBQ Referral Clinic (approved 1/16/2015) VBMS

C-file was not reviewed.

NOTE: VA may request additional medical information, including additional

examinations if necessary to complete VA's review of the Veteran's

application.

/es/ ----------------------

Physician Assistant

Signed: 07/20/2017 13:06

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