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

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

 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

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

 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

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

 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

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

 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

 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 MAY MODIFY EXAM AT RADIOLOGIST DISCRETION BASED ON

 CLINICAL HISTORY PROVIDED ON IMAGING REQUEST.

 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 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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