

Sano Health

771 E Daily Dr Ste 125

Camarillo, California, US - 93010

Sano Health's Release of Medical Records Form*This authorization must be dated and signed by the patient or by a legally authorized person.*

Date of Birth *

09/07/1951I authorize the following agent to release
my records: *☐ Sano Health☒ Outside Provider
(please indicate
below):Name and Telephone of
Facility/Provider/Agency:Aliabadi G. David, MDMailing Address of
Facility/Provider/Agency:2220 Lynn Rd, Suite 203+208
Thousand Oaks, CA 91360
818-889-7826

Fax Number of Facility/Provider/Agency:

The purpose for this release of information
is as follows: Continuity of Care. If other
please specifyI specifically authorize the release of the
following medical records, if such records
exist: Transcribed Hospital Records,
Emergency and Urgent Care Records,
Diagnostic Imaging Reports, Laboratory
Report, Pathology Reports, Clinician Office
Chart Notes, 2-year History *☒ Yes ☐ NoI authorize the following items to be
included in other documents:☐ HIV/AIDS Related
Records
☐ Drug/Alcohol
Diagnosis, Treatment,
or Referral Information☐ Mental Health
Information☐ Genetic Testing
InformationCIMT and Coronary
Calcium score reports

This authorization is for all records unless otherwise indicated below.

This authorization is limited to a worker's
compensation claim for injuries on (Date):This authorization may be revoked at any time. The only exception is when action has been taken in reliance on the authorization.
Unless revoked earlier, this consent will expire 180 days from the date of signing or shall remain in effect for the period
reasonable needed to complete the request.**PATIENT SIGNATURE / GUARDIAN
SIGNATURE ***Candis Hong

Sano Health**771 E Daily Dr Ste 125****Camarillo, California, US - 93010**

Today's Date: *

11-13-24

By signing in the space above, I authorize the above provider/clinic/hospital to release written records pertaining to the following information. I also authorize the above provider/clinic/hospital/agency to provide the following information via telephone consultation.

Sano Health, Inc.**771 E. Daily Dr STE 125 | Camarillo, CA 93012 | careteam@sanohealthclub.com | Ph: (805) 233-3314 | Fax: (833) 606-3382**

REGIONAL HEART CENTER CARDIOLOGY

December 17, 2021

CARDIOLOGY CONSULTATION / COVER LETTER

Re: Candis Hong
DOB: 09/07/1951

This is a 70-year-old female here for cardiac evaluation and general cardiovascular risk factor consultation who was recently diagnosed with cold agglutinin disease who had a significant episode of anemia, currently in remission. She also has a history of borderline abnormal EKGs in the past. It was normal with one EKG suggesting a nonspecific intraventricular conduction delay. She is here for general cardiovascular consultation and workup regarding abnormal EKG.

PAST SURGICAL HISTORY: Prior scar tissue resection.

MEDICATIONS: None.

ALLERGIES: She has no allergies.

FAMILY HISTORY: Both parents deceased; father prior CAD with stents, mother from Alzheimer's.

SOCIAL HISTORY: The patient is married, two children. She is retired.

HABITS: No smoking. Minimal alcohol.

REVIEW OF SYSTEMS: No specific complaints today.

PHYSICAL EXAMINATION: Blood pressure: 130/70. Both arms are checked, sitting position. Neck veins are not distended. Lungs: Clear. Cardiac exam: Regular rate and rhythm; normal S1, normal S2. No murmurs, rubs, or gallops appreciated. Abdomen: Soft. Extremities: No edema.

Current EKG: Sinus rhythm; rate of 74, PR interval 114, QTc 426. Unremarkable 12-lead EKG. Prior EKG was reviewed from her PMD. There was an incomplete RBB noted.

Labs: Most recent labs were 12/29/2021. CBC was normal. Hemoglobin 11.9, lower end of normal. Other labs unremarkable including chemistry panel, thyroid panel, and liver panel. Her LDL was 109, HDL 55, and total cholesterol 182. No diabetes noted.

Re: Candis Hong
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ASSESSMENT AND PLAN: The patient with borderline abnormal EKG with normal lipids but a family history of CAD with father, prior two stents. We will do a baseline carotid ultrasound and coronary calcium score followed by a stress echo to establish a baseline. After tests are completed, we will make further recommendations. Suspect she has low risk factors but after tests are completed, we will have further discussion. No new medications at this time.

David G. Aliabadi, M.D., F.A.C.C.

cc: Ramesh Nathan, M.D.
Samuel Slomowitz, M.D.

RECEIVED
12/20/21


David G. Aliabadi M.D.

REGIONAL HEART CENTER CARDIOLOGY

STRESS ECHOCARDIOGRAM

PATIENT: Candis Hong

B/D: 09/07/1951

AGE: 70

SEX: Female

DATE: 01/27/2022

REFERRING PHYSICIAN: David G. Aliabadi, M.D., F.A.C.C.

CLINICAL DIAGNOSES:

The patient with a history of borderline abnormal EKG with an incomplete right bundle branch block activation pattern. The patient has a prior family history of CAD with a father with stents. The patient also has a history of cold agglutinin disease with previous anemia being noted, now resolved.

INDICATION FOR STUDY:

Stress echocardiogram to establish a baseline, rule out ischemia, borderline EKG, family history of CAD.

SUMMARY OF TREADMILL PROTOCOL:

The patient achieved 8 METs at 5 minutes, peak heart rate of 131, advanced protocol. No chest pain, EKG changes, or arrhythmias.

SUMMARY OF ECHOCARDIOGRAM:

Echo baseline showed normal wall motion, wall sizing, and wall thickness in all segments of the left ventricle. Mild mitral valve regurgitation appreciated. Aortic valve Dopplers were normal. At peak exercise, normal wall motion and augmentation seen in all segments of left ventricle.

CONCLUSIONS:

Negative maximal exercise treadmill test. No chest pain, EKG changes, or arrhythmias. Normal echo imaging with normal wall motion. The patient reassured. Completely negative workup. Also, the patient had a coronary calcium score performed as well as part of her workup which came back at 0. Also, the patient had carotid ultrasound performed as well with no plaque buildup. Completely negative workup for atherosclerosis. The patient reassured at this time. We will see her back p.r.n. Lipids were also well controlled in June 2021. LDL 109, HDL 55, total cholesterol 182.

David G. Aliabadi, M.D., F.A.C.C.

cc: Ramesh Nathan, M.D., patient's primary M.D.

FAXED
2/4/22
+ Slomowitz


David G. Aliabadi M.D.

REGIONAL HEART CENTER CARDIOLOGY

TREADMILL STRESS

NAME: Candis Hong **AGE:** 70 **B/D:** 09/07/1951 **SEX:** Female **DATE:** 01/27/2022

REFERRING PHYSICIAN: David G. Aliabadi, M.D., F.A.C.C.

1. **CLINICAL DIAGNOSES:** The patient with a history of borderline abnormal EKG with an incomplete right bundle branch block activation pattern. The patient has a prior family history of CAD with a father with stents. The patient also has a history of cold agglutinin disease with previous anemia being noted, now resolved.
2. **INDICATION FOR STUDY:** Stress echocardiogram to establish a baseline, rule out ischemia, borderline EKG, family history of CAD.
3. **PERTINENT PHYSICAL FINDINGS:** Normal cardiac exam.
4. **RESTING EKG:** Sinus rhythm, incomplete right bundle branch block activation pattern.
5. **MEDICATIONS:** No prescription medications.
6. **EXERCISE PROTOCOL:** Bruce.
7. **SUMMARY OF EXERCISE AND RECOVERY DATA:**

A. HEART RATE RESPONSE:

1.	<u>Predicted Maximal (Target) Heart Rate</u>	147
2.	<u>Peak Heart Rate Obtained</u>	131
3.	<u>% of Target Heart Rate Achieved</u>	85%
4.	<u>Heart Rate Recovery (60 seconds post exercise)</u>	100
5.	<u>60-second Decrease in H.R. (normal >11 BPM)</u>	31

B. EXERCISE CAPACITY:

1.	<u>Total Exercise Time</u>	5 minutes
2.	<u>Functional Aerobic Impairment</u>	0%
3.	<u>Maximal Oxygen Uptake (METs)</u>	8, Bruce advanced protocol
4.	<u>Exercise Tolerance for Age</u>	Average to good

C.	<u>BLOOD PRESSURE RESPONSE TO EXERCISE:</u>	Normal
D.	<u>STUDY TERMINATED DUE TO:</u>	Fatigue
E.	<u>ARRHYTHMIA:</u>	None
F.	<u>ST SEGMENT CHANGES:</u>	None
G.	<u>SYMPTOMS:</u>	No chest pain



David G. Aliabadi M.D.

Re: Candis Hong

Page: 2

CONCLUSIONS:

Negative maximal exercise treadmill test. No chest pain, EKG changes, or arrhythmias provoked at a moderate to high workload.

David G. Aliabadi, M.D., F.A.C.C.

cc: Ramesh Nathan, M.D., patient's primary M.D.



David G. Aliabadi M.D.

Regional Heart Center of Thousand Oaks

Richard Green, MD
John Y. Hess, MD

Martin A. Josephson, MD
David Aliabadi, MD

2220 Lynn Rd.
Suite 203 & 208
Thousand Oaks, CA
(805)494-9494

Name **HONG, CANDIS L**
Patient Id **53735-DGA**
Birthdate **09/07/1951**
Age **70**
Sex **Female**
BSA **1.78 m²**
Height **170.2 cm (5 ft 7.0 in)**
Weight **67.1 kg (148.0 lbs)**

Date: ~~27/01/2022~~ **1/27/22**
Diagnosis: **ABN EKG**
Referral Reasons **ISCHEMIC EVALUATION**
Diagn.Phys: **MD ALIABADI, DAVID G**
Referring Doc: **DAVID G ALIABAI, MD**
OperId: **KAN**

Stress Echocardiogram Report

Conclusion

1. The left ventricle size is normal.
2. Left ventricular wall thickness is normal.
3. The diastolic filling pattern is normal for the age of the patient.
4. The aortic valve is trileaflet and appears structurally normal.
5. Mild mitral regurgitation is present.
6. Mild thickening of the anterior mitral valve leaflet.
7. Tricuspid valve and right sided chambers are normal. RVSP is normal at < 35 mmHg.
8. Mild tricuspid regurgitation present.
9. Trace/mild (physiologic) pulmonic regurgitation.
10. Resting images were acquired at a heart rate of 74 bpm and a blood pressure of 129/58 mmHg. These demonstrated normal regional and global left ventricular systolic function.
11. Echo images were acquired within 60 seconds after peak stress at heart rates of 104-133bpm. These demonstrated appropriate augmentation of all left ventricular segments.
12. The study is negative for stress induced ischemia.

MD ALIABADI, DAVID G


David G. Aliabadi M.D.

2D		M-Mode	Doppler	
IVSd	1.0 cm		TR Vmax	2.17 m/s
			TR maxPG	18.76 mmHg
			RAP	3.00 mmHg
			RVSP	21.76 mmHg
			MV E Vel	0.84 m/s
			MV DecT	189 ms
			MV A Vel	0.72 m/s
			MV E/A Ratio	1.16
			E'	0.09 m/s
			E/E'	9.42
			AV Vmax	1.18 m/s
			AV Vmean	0.37 m/s
			AV maxPG	5.53 mmHg
			AV meanPG	1.33 mmHg
			AV VTI	25.2 cm

Findings

Left Ventricle: The left ventricle size is normal. Left ventricular wall thickness is normal. The diastolic filling pattern is normal for the age of the patient.

Aortic Valve: The aortic valve is trileaflet and appears structurally normal.

Mitral Valve: Mild mitral regurgitation is present. Mild thickening of the anterior mitral valve leaflet.

Tricuspid Valve: Tricuspid valve and right sided chambers are normal. RVSP is normal at < 35 mmHg. Mild tricuspid regurgitation present.

Pulmonic Valve: Trace/mild (physiologic) pulmonic regurgitation.

Pre-exercise echo findings: Resting images were acquired at a heart rate of 74 bpm and a blood pressure of 129/58 mmHg. These demonstrated normal regional and global left ventricular systolic function.

Peak exercise echo findings: Echo images were acquired within 60 seconds after peak stress at heart rates of 104-133bpm. These demonstrated appropriate augmentation of all left ventricular segments.

Peak exercise echo findings: The study is negative for stress induced ischemia.

Date **27/01/2022**


David G. Aliabadi M.D.

Regional Heart Center of Thousand Oaks

David Aliabadi, M.D.

2220 Lynn Rd.
Suites 203 & 208
Thousand Oaks, CA
(805) 494-9494

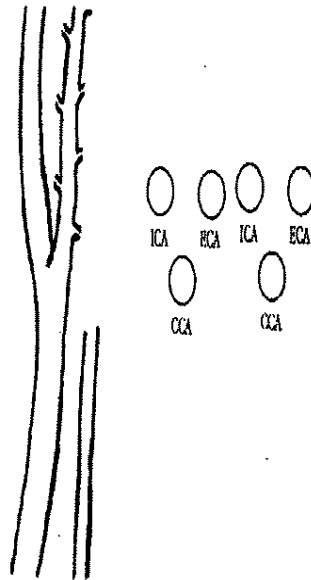
Carotid Report

Name: **HONG, CANDIS L**
Patient Id: **53735**
Birthdate: **09/07/1951**
Age: **70 years**
Sex: **Female**
BSA:
Height
Weight

Date: **12/28/2021**
OperId: **KC**
Diagn.Phys. Name: **DAVID ALIABADI, MD**
Diagnosis: **ANEMIA HX/ ABN EKG**
Ref. Doc

Right

Rt Prox CCA PS	74.29 cm/s
Rt Prox CCA ED	15.08 cm/s
Rt Dist CCA PS	93.45 cm/s
Rt Dist CCA ED	20.10 cm/s
Rt Prox ICA PS	85.59 cm/s
Rt Prox ICA ED	13.48 cm/s
Rt Dist ICA PS	70.47 cm/s
Rt Dist ICA ED	15.84 cm/s
Rt Prox ECA PS	81.86 cm/s
Rt Prox ECA ED	10.99 cm/s
Rt Dist VERT PS	33.73 cm/s
Rt Dist VERT ED	8.35 cm/s



Left

Lt Prox CCA PS	104.58 cm/s
Lt Prox CCA ED	18.60 cm/s
Lt Dist CCA PS	78.93 cm/s
Lt Dist CCA ED	16.80 cm/s
Lt Prox ICA PS	77.59 cm/s
Lt Prox ICA ED	22.00 cm/s
Lt Dist ICA PS	96.44 cm/s
Lt Dist ICA ED	32.15 cm/s
Lt Prox ECA PS	125.16 cm/s
Lt Prox ECA ED	22.47 cm/s
Lt Dist VERT PS	70.81 cm/s
Lt Dist VERT ED	13.29 cm/s

	<u>Ratio</u>
Rt ICA/CCA PS	0.92
Rt ICA/CCA ED	0.67

	<u>Ratio</u>
Lt ICA/CCA PS	0.92
Lt ICA/CCA ED	1.73

Conclusion

1. The vertebral artery demonstrates antegrade flow bilaterally.
2. Normal right carotid arterial system.
3. Mild intimal thickening seen in the right carotid.
4. Normal left carotid arterial system.
5. Mild intimal thickening seen in the left carotid.
6. Incidental finding of leqft thyroid nodule. Patient referred to see Dr. Bjelica.

Date 12/28/2021

DAVID ALIABADI, MD

David G. Aliabadi M.D.
David G. Aliabadi M.D.

FAK 7
1/1/22
R. Nathan, Slan.

Print Date: 12/28/2021

HONG, CANDIS L

537

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Structured findings

Bilateral carotids: The vertebral artery demonstrates antegrade flow bilaterally.

Right Carotid System: The right common, internal and external carotid arteries are patent and demonstrate antegrade flow. There is no evidence of atherosclerotic plaque identified. There is no spectral broadening and the peak systolic velocity is within expected range. Examination of the right common carotid arterial system reveals mild intimal thickening in bulbs and proximal internal carotid arteries with no evidence of stenosis.

Left Carotid System: The left common, internal and external carotid arteries are patent and demonstrate antegrade flow. There is no evidence of atherosclerotic plaque identified. There is no spectral broadening and the peak systolic velocity is within expected range. Examination of the left common carotid arterial system reveals mild intimal thickening in bulbs and proximal internal carotid arteries with no evidence of stenosis.



David G. Aliabadi M.D.



SE 1/11/22

CONEJO MRI & CT
ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY

2180 Lynn Road Thousand Oaks, CA 91360
Phone (805) 495-9442 Fax (805) 496-6595

DOS: 12/21/2021

HONG, CANDIS

DOB: 09/07/1951

MRN: 9840658

PATIENT:

REFERRING PHYSICIAN: DAVID G ALIABADI, MD

CT CORONARY WO CONTRAST W EVALUATION COR CALCIUM

CLINICAL INDICATION: Hypercholesterolemia. Screening for coronary artery disease.

TECHNICAL FACTORS: The scan was performed on a GE Light Speed VCT 64 Slice Scanner. The coronary calcium score was calculated using SmartScore software. Adjustment of the mA and/or kV according to the patient's size.

DOSAGE: CTDI vol: 9 mGy; DLP: 127 mGy-cm

DEC 22 2021

COMPARISON: None.

FINDINGS:

David G. Aliabadi M.D.

The total calcium score using the AJ-130 method is 0.

The score for the left main coronary is 0. The score for the left anterior descending is 0. The score for the circumflex is 0. The score for the right coronary is 0. Total calcium: 0

Heart: Normal size. No pericardial effusion.

Aorta: Normal caliber. No valvular calcification

There is no mediastinal or hilar adenopathy. Visualized portions of the lungs appear unremarkable. Visualized osseous structures are unremarkable. 3.6 cm cystic lesion posterior right lobe of the liver. Low density less than 10 Hounsfield units. Probable cyst. Further evaluation with ultrasound if clinically warranted.

IMPRESSION:

1. The coronary calcium score is 0. No identifiable calcific plaque. Very low cardiovascular disease risk.
2. 3.6 cm low-density lesion posterior right lobe of liver. Probable cyst.

Calcium Scoring:

0 - 0: No identifiable atherosclerotic plaque. Very low cardiovascular disease (CVD) risk.

1 - 10: Minimal plaque burden. Low CVD risk.

FAXED
12/28/21

Stacy R. Watney

Page 2 of 2

Continued:

HONG, CANDI

PATIENT:

DOS: 12/21/2021

DOB: 09/07/1951

MRN: 9840658

11- 100: Mild plaque burden. Moderate CVD risk.

101 - 400: Moderate plaque burden. High CVD risk.

Greater than 401: Extensive plaque burden. Very high CVD risk.

12/21/2021 10:13 AM

Electronically signed by

MICHAEL HLINKA, MD



CC:

HONG, CANDIS
Female
DOB 9/7/1951 70 Years

12/17/2021 10:45:55 AM
Regional Heart Center

Rate 74 Sinus rhythm.....normal P axis, V-rate 50-99
PR 114 Borderline short PR interval.....PR int <120ms Operator: DANIEL

QRSD 104
QT 384
QTc 426

--AXIS--
P 55
QRS 57
T 41

12 Lead, Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis

Daniel G. Aliabadi
David G. Aliabadi M.D.

