Anderson Heart, PC
100 Gavotte Lane
ANDERSON SC 29621-8205

Johnson, Nathan Ross
MRN: 000653779, DOB: 9/12/1960, Legal Sex: M
Visit date: 9/3/2020

Johnson, Nathan Ross

MRN: 000653779

Office Visit 9/3/2020
Anderson Heart, PC

Provider: Thomas, Jennifer M, MD (Vascular Surgery)
Primary diagnosis: PAD (peripheral artery disease) (CMS/HCC)
Reason for Visit: New Patient

Progress Notes

Thomas, Jennifer M, MD (Physician) • Vascular Surgery

Anderson Heart and Vascular
New Patient Visit

Assessment and Plan

Problem List Items Addressed This Visit

Circulatory
PAD (peripheral artery disease) (CMS/HCC)
Current Assessment & Plan
Long-time smoker, now with ischemic L foot. Will check BLE arterial duplex, then decide about angiography. Start ASA, statin, needs to quit smoking.

Return in about 1 week (around 9/10/2020).

Subjective

Nathan Ross Johnson presents for New Patient (c/o's of left foot and calf pain about 2 months. has a hx of dvt, pe.).

Referred by Dr. Dang for eval of L toes. Has been having severe L toe pain over past 2 months, feels like when you "warm up the foot after being in the snow." Has hx of DVT/PE (first in 2011), said he had new scan on 8/20/20 (unable for my review today). Had hypercoag studies at Northside during admission for DVT in 2011, negative. No known diabetes (normally follows at VA, no regular care since 2018), smokes marijuana and cigarettes for many years (quit THC last year).

Review of Systems

Constitution: Negative for chills, decreased appetite, fever and weight loss.
HENT: Negative for nosebleeds and sore throat.
Eyes: Negative for blurred vision and visual disturbance.
Cardiovascular: Negative for chest pain, claudication, leg swelling and palpitations.
Respiratory: Negative for cough and shortness of breath.
Skin: Positive for color change and nail changes. Negative for poor wound healing and rash.
Musculoskeletal: Negative for back pain and joint pain.
Gastrointestinal: Negative for bloating, abdominal pain, constipation, diarrhea, nausea and vomiting.
Neurological: Negative for brief paralysis, dizziness, loss of balance and numbness.
Psychiatric/Behavioral: Negative for altered mental status and memory loss.

Relevant History

Past Medical History:

Diagnosis	Date
• Deep vein thrombosis (CMS/HCC)	

Past Surgical History:

Procedure	Laterality	Date

- COLONOSCOPY
- KNEE SURGERY Right
- TONSILECTOMY, ADENOIDECTOMY, BILATERAL MYRINGOTOMY AND TUBES

No family history on file.

Allergies

Patient has no known allergies.

Social History

Tobacco Use	
• Smoking status:	Heavy Tobacco Smoker
Substance Use Topics	
• Alcohol use:	Not on file
• Drug use:	Not on file

Medications

Current Outpatient Medications:
- cyanocobalamin (VITAMIN B-12) 500mcg tablet, Take 1,000 mcg by mouth daily., Disp: , Rfl:
- ketoconazole (generic for NIZORAL) 2% cream, APPLY TO FEET TWICE A DAY, Disp: , Rfl:

Objective

Ht 1.778 m (5' 10") | Wt 98.4 kg (217 lb) | BMI 31.14 kg/m²

both carotids normal upstroke without bruits, radial pulses normal, aorta normal in size without enlargement, non-palp pedal pulses, L foot with dependent rubor and ischemic toes, no ulcerations, monophasic L PT, triphasic R dp/pt

Primary care physician: Tom Tien Dang, DPM

Instructions

Return in about 1 week (around 9/10/2020).

After Visit Summary (Snapshot) - Printed 9/3/2020
COVID-19: Overview & Impact (Snapshot) - Printed 9/3/2020

Additional Documentation

Vitals: Ht 5' 10" (1.778 m) Wt 98.4 kg (217 lb) BMI 31.14 kg/m² BSA 2.2 m² Pain Sc 6
Flowsheets: Additional Vitals

Communications

Letter sent to Tom Tien Dang, DPM

Medication Documentation Review Audit

Reviewed by Howard, Lou C, MA (Medical Assistant) on 09/03/20 at 0945

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
cyanocobalamin (VITAMIN B-12) 500mcg tablet	2708986	Yes	Take 1,000 mcg by mouth daily.	Provider, Historical, MD		Active
ketoconazole (generic for NIZORAL) 2% cream	2708985		APPLY TO FEET TWICE A DAY	Provider, Historical, MD		Active

Prep For Surgery Report

Prep for Surgery Report

Insurance Authorization

No Hospital Account

Pharmacy Benefits

No pharmacy benefits eligibility data found for this visit.

Travel Screening

Question	Response
Have you been in contact with someone who was sick?	—
Do you have any of the following new or worsening symptoms?	None of these
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	No / Unsure
Have you had a COVID-19 viral test in the last 14 days?	No
Have you traveled internationally in the last month?	No
Have you traveled internationally or domestically in the last month?	No

Travel History

Travel since 05/10/25

No documented travel since 05/10/25

Rehab Plans of Care

No active plans found

Encounter Status

Signed by Thomas, Jennifer M, MD on 9/3/20 at 10:42 AM

Orders Placed

Vas Aorta duplex scan complete (Resulted 9/4/2020)
Vas Carotid us bilateral (Resulted 9/4/2020)

Medication Changes

As of 9/3/2020 10:42 AM

	Refills	Start Date	End Date
Added: aspirin (aspirin) 81mg EC tablet Take 1 tablet (81 mg total) by mouth daily. - Oral Patient not taking: Reported on 9/9/2024	11	9/3/2020	9/3/2021
Added: pravastatin (Pravachol) 20mg tablet Take 1 tablet (20 mg total) by mouth nightly. - Oral	11	9/3/2020	9/9/2024

Medication List at End of Visit

As of 9/3/2020 10:42 AM

	Refills	Start Date	End Date
aspirin (aspirin) 81mg EC tablet Take 1 tablet (81 mg total) by mouth daily. - Oral Patient not taking: Reported on 9/9/2024	11	9/3/2020	9/3/2021
cyanocobalamin (VITAMIN B-12) 500mcg tablet Take 2 tablets (1,000 mcg total) by mouth daily. - Oral Patient-reported medication	—		—
ketoconazole (generic for NIZORAL) 2% cream APPLY TO FEET TWICE A DAY Patient not taking: Reported on 11/18/2021 Patient-reported medication	—	8/20/2020	—
pravastatin (Pravachol) 20mg tablet Take 1 tablet (20 mg total) by mouth nightly. - Oral	11	9/3/2020	9/9/2024

Visit Diagnoses

PAD (peripheral artery disease) (CMS/HCC) I73.9

Medication Changes

As of 1/14/2021 10:29 AM

None

Medication List at End of Visit

As of 1/14/2021 10:29 AM

	Refills	Start Date	End Date
aspirin (aspirin) 81mg EC tablet Take 1 tablet (81 mg total) by mouth daily. - Oral Patient not taking: Reported on 9/9/2024	11	9/3/2020	9/3/2021
cyanocobalamin (VITAMIN B-12) 500mcg tablet Take 2 tablets (1,000 mcg total) by mouth daily. - Oral Patient-reported medication	—		—
ketoconazole (generic for NIZORAL) 2% cream APPLY TO FEET TWICE A DAY Patient not taking: Reported on 11/18/2021 Patient-reported medication	—	8/20/2020	—
pravastatin (Pravachol) 20mg tablet Take 1 tablet (20 mg total) by mouth nightly. - Oral	11	9/3/2020	9/9/2024

Visit Diagnoses

PAD (peripheral artery disease) (CMS/HCC) I73.9

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Anderson, South Carolina 29621

Phone 864.261.7474
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ABDOMINAL AORTA REPORT

Name: **JOHNSON, NATHAN**
Patient Id: **653779**
Sex: **Male**
Birthdate: **09/12/1960**

Date: **09/04/2020**
Height:
Weight:
BSA:

Sonographer: **Candace Evans, RVT**
Diagn.Phys.: **MCLAURIN, BRENT**
Ref. Phys: **TOM DANG-DPM 678-298-7539**
MD, other:
Indications: **PAD, H/O DVT**

2D Msmts	
CIA	0.97 cm
Dist trans	1.82 cm
Distal long	1.69 cm
Mid long	1.94 cm
Mid trans	2.04 cm
Prox long	2.44 cm
Prox trans	2.17 cm

Doppler Msmts	
Prox Ao PS	68.37 cm/s
Mid Ao PS	79.18 cm/s
Dist Ao PS	74.42 cm/s
Rt Prox CIA PS	303.02 cm/s
Rt Prox CIA AC	60 deg
Lt Prox CIA PS	77.05 cm/s
Lt Prox CIA AC	60 deg
Rt Dist CIA PS	316.36 cm/s
Rt Dist CIA AC	60 deg
Lt Dist CIA PS	53.36 cm/s
Lt Dist CIA AC	60 deg
EIA	316.01 cm/s
EIA DIST	193.90 cm/s
EIA MID	1.96 cm/s
EIA MID	234.49 cm/s

Findings

Study quality: This was a technically difficult study.
Normal aorta measuring 1.7 x 1.8cm distally; no aneurysm.
Normal right iliac artery measuring 0.95cm.
Normal left iliac artery measuring 0.99cm.

50-74% stenoses: throughout right common iliac artery and right proximal external iliac artery.

Low flow in left common iliac artery. Occluded left external iliac artery at origin.

Conclusions

1. No abdominal aortic aneurysm identified.

Brent McLaurin, MD, FACC, FSCAI
Carl Lomboy, MD, FACC, FSCAI

Louis F. Knoepp, MD, FACS, RPVI
Jennifer M. Thomas, MD, FACS, RPVI

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Phone 864.261.7474
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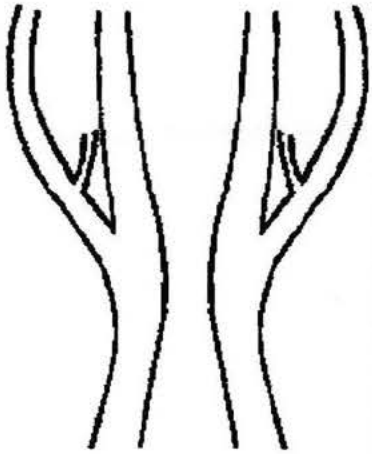
CAROTID DOPPLER REPORT

Name: **JOHNSON, NATHAN**
Patient Id: **653779**
Sex: **Male**
Birthdate: **09/12/1960**

Date: **09/04/2020**
Height:
Weight:
BSA:

Sonographer: **Candace Evans, RVT**
Diagn.Phys.: **MCLAURIN, BRENT**
Ref. Phys: **TOM DANG-DPM 678-298-7539**
MD, other:
Indications: **PAD, H/O DVT**

RT	
Rt ICA/CCA PS	0.96
Rt ICA/CCA ED	1.15
Rt Prox CCA PS	142.07 cm/s
Rt Prox CCA ED	38.22 cm/s
Rt Dist CCA PS	121.14 cm/s
Rt Dist CCA ED	38.62 cm/s
Rt Prox ICA PS	78.10 cm/s
Rt Prox ICA ED	16.58 cm/s
Rt Mid ICA PS	107.23 cm/s
Rt Mid ICA ED	28.42 cm/s
Rt Dist ICA PS	116.76 cm/s
Rt Dist ICA ED	44.42 cm/s
Rt Prox ECA PS	101.67 cm/s
Rt VERT PS	85.52 cm/s
Rt VERT ED	18.87 cm/s



LT	
Lt ICA/CCA PS	0.77
Lt ICA/CCA ED	0.73
Lt Prox CCA PS	168.42 cm/s
Lt Prox CCA ED	36.75 cm/s
Lt Dist CCA PS	137.89 cm/s
Lt Dist CCA ED	35.48 cm/s
Lt Prox ICA PS	106.19 cm/s
Lt Prox ICA ED	25.72 cm/s
Lt Mid ICA PS	96.44 cm/s
Lt Mid ICA ED	27.35 cm/s
Lt Dist ICA PS	89.51 cm/s
Lt Dist ICA ED	31.05 cm/s
Lt Prox ECA PS	166.34 cm/s
Lt VERT PS	77.68 cm/s
Lt VERT ED	16.33 cm/s

Findings

Study quality:This was a technically adequate study.

Bilateral carotids:Examination of the right and left common carotid arterial systems minimal intimal thickening in bulbs and proximal internal carotid arteries. All velocities are within normal limits.

Vertebral artery flows are antegrade.

Conclusions

1. Minimal intimal thickening bilaterally.

Brent McLaurin, MD, FACC, FSCAI
Carl Lomboy, MD, FACC, FSCAI

Louis F. Knoepp, MD, FACS, RPVI
Jennifer M. Thomas, MD, FACS, RPVI

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LOWER EXTREMITY ARTERIAL REPORT

Name: **JOHNSON, NATHAN**
Patient Id: **653779**
Sex: **Male**
Birthdate: **09/12/1960**

Date: **09/04/2020**
Height:
Weight:
BSA:

Sonographer: **Candace Evans, RVT**
Diagn.Phys.: **MCLAURIN, BRENT**
Ref. Phys: **TOM DANG-DPM 678-298-7539**
MD, other:
Indications: **PAD, H/O DVT**

RT LEA

Rt Prox CFA PS	222.75 cm/s
Rt Prox DFA PS	108.39 cm/s
Rt Prox SFA PS	177.11 cm/s
Rt Mid SFA PS	131.57 cm/s
Rt Dist SFA PS	111.17 cm/s
Rt Prox Pop PS	86.25 cm/s
Rt Dist Pop PS	114.88 cm/s
Rt Dist ATA PS	116.37 cm/s
Rt Dist PTA PS	64.85 cm/s

LT LEA

Lt Prox CFA PS	25.97 cm/s
Lt Prox DFA PS	49.04 cm/s
Lt Prox DFA ED	14.93 cm/s
Lt Prox SFA PS	78.63 cm/s
Lt Mid SFA PS	42.39 cm/s
Lt Dist SFA PS	0.37 cm/s
Lt Prox Pop PS	0.01 cm/s
Lt Dist Pop PS	0.37 cm/s
Lt Dist ATA PS	0.46 cm/s
Lt Dist PTA PS	19.00 cm/s

Findings

Study quality: This was a technically adequate study.
Right CFA: Triphasic right common femoral artery artery waveform. Below 50 % diameter stenosis.
Right PFA: Biphasic right profunda artery waveform. Below 50 % diameter stenosis.
Right SFA: Triphasic right superficial femoral artery waveform. 30-49% proximal stenosis.
Right POP: Triphasic right popliteal artery waveform. Below 50 % diameter stenosis.
Right PTA: Triphasic right posterior tibial artery waveform.
Right ATA: Triphasic right anterior tibial artery waveform. Biphasic right peroneal artery waveform.

Left CFA: Recanalized proximally. Monophasic flow.
Left PFA: Monophasic left profunda artery waveform. Below 50 % diameter stenosis.
Left SFA: Proximal stenosis approaching 50%. Distal occlusion.
Left Popliteal: Absent flow in left popliteal artery.
Left PTA: Monophasic left posterior tibial artery waveform with significantly reduced flow at the ankle.
Left ATA: Occluded at ankle. Occluded left peroneal artery at ankle.
There is diffuse multilevel PAD as described.

Comments

RT BP-140, LT BP-146
RT ATA-160, RT PTA-163, RT GREAT TOE-126
LT ATA-80, LT PTA-40, LT GREAT TOE-18
RT ABI-1.12, LT ABI-0.55

Conclusions

1. There is diffuse multilevel PAD as described.

Brent McLaurin, MD, FACC, FSCAI
Carl Lomboy, MD, FACC, FSCAI

Louis F. Knoepp, MD, FACS, RPVI
Jennifer M. Thomas, MD, FACS, RPVI

Anderson Heart, PC
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ANDERSON SC 29621-8205

Johnson, Nathan Ross
MRN: 000653779, DOB: 9/12/1960, Legal Sex: M
Visit date: 9/10/2020

Johnson, Nathan Ross

MRN: 000653779

Office Visit 9/10/2020
Anderson Heart, PC

Provider: Thomas, Jennifer M, MD (Vascular Surgery)
Primary diagnosis: PAD (peripheral artery disease) (CMS/HCC)
Reason for Visit: Follow-up; Referred by Dang, Tom Tien, DPM

Progress Notes

Thomas, Jennifer M, MD (Physician) • Vascular Surgery

Anderson Heart and Vascular

Follow up Office Visit

Assessment and Plan

Problem List Items Addressed This Visit

Circulatory
PAD (peripheral artery disease) (CMS/HCC) - Primary
Current Assessment & Plan
Duplex done last week with L EIA and SFA occlusions, toe pressure on L 18 mmHg. Pt cannot tolerate statins, on ASA, was having severe rest pain but he says his walking and pain is much better after using CBD. Discussed angiography but he would rather monitor symptoms over next 3 months, will have him f/u with scans at that time.

Relevant Orders
Vas Arterial duplex lower extremity bilateral
Vas Aorta duplex scan complete

Return in about 3 months (around 12/10/2020).

Subjective

Nathan Ross Johnson presents for Follow-up (PAD-AO/CAR/ART DUP BIL LE SCANS DONE 9/4.).

Pt back to review scans. Says L foot rest pain improved after he found local "hemp flowers" to take, has extensive research with him today about benefits of cannabis for vascular disease.

Review of Systems
Constitution: Negative for chills and fever.
Cardiovascular: Negative for chest pain and claudication.
Respiratory: Negative for cough and shortness of breath.

Relevant History

Past Medical History:

Diagnosis	Date
• Deep vein thrombosis (CMS/HCC)	

Past Surgical History:

Procedure	Laterality	Date
• COLONOSCOPY		
• KNEE SURGERY	Right	
• TONSILECTOMY, ADENOIDECTOMY, BILATERAL		

Vitals: Resp 18 Ht 5' 10" (1.778 m) Wt 98.4 kg (217 lb) BMI 31.14 kg/m² BSA 2.2 m² Pain Sc 0-No pain

Flowsheets: Additional Vitals

Communications

Letter sent to Tom Tien Dang, DPM

Medication Documentation Review Audit

Reviewed by Aderhold, Stephanie on 09/10/20 at 1137

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
aspirin (aspirin) 81mg EC tablet	2708991	Yes	Take 1 tablet (81 mg total) by mouth daily.	Thomas, Jennifer M, MD	Taking	Active
cyanocobalamin (VITAMIN B-12) 500mcg tablet	2708986	Yes	Take 5,000 mcg by mouth daily.	Provider, Historical, MD	Taking	Active
ketoconazole (generic for NIZORAL) 2% cream	2708985	Yes	APPLY TO FEET TWICE A DAY	Provider, Historical, MD	Taking	Active
pravastatin (Pravachol) 20mg tablet	2708990	Yes	Take 1 tablet (20 mg total) by mouth nightly.	Thomas, Jennifer M, MD	Taking	Active

Reviewed by Aderhold, Stephanie on 09/10/20 at 1135

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
aspirin (aspirin) 81mg EC tablet	2708991	Yes	Take 1 tablet (81 mg total) by mouth daily.	Thomas, Jennifer M, MD	Taking	Active
cyanocobalamin (VITAMIN B-12) 500mcg tablet	2708986	Yes	Take 5,000 mcg by mouth daily.	Provider, Historical, MD	Taking	Active
ketoconazole (generic for NIZORAL) 2% cream	2708985	Yes	APPLY TO FEET TWICE A DAY	Provider, Historical, MD	Taking	Active
pravastatin (Pravachol) 20mg tablet	2708990	Yes	Take 1 tablet (20 mg total) by mouth nightly.	Thomas, Jennifer M, MD	Taking	Active

Prep For Surgery Report

Prep for Surgery Report

Insurance Authorization

No Hospital Account

Pharmacy Benefits

No pharmacy benefits eligibility data found for this visit.

Travel Screening

Question	Response
Have you been in contact with someone who was sick?	—
Do you have any of the following new or worsening symptoms?	None of these
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	No / Unsure
Have you had a COVID-19 viral test in the last 14 days?	No

Question	Response
Have you traveled internationally in the last month?	No
Have you traveled internationally or domestically in the last month?	No

Travel History

Travel since 05/10/25

No documented travel since 05/10/25

Rehab Plans of Care

No active plans found

Encounter Status

Signed by Thomas, Jennifer M, MD on 9/10/20 at 1:25 PM

Orders Placed

Arterial duplex lower extremity bilateral with ABI (Resulted 1/14/2021)
Vas Aorta duplex scan complete (Resulted 1/14/2021)

Medication Changes

As of 9/10/2020 11:37 AM

None

Medication List at End of Visit

As of 9/10/2020 11:37 AM

	Refills	Start Date	End Date
aspirin (aspirin) 81mg EC tablet Take 1 tablet (81 mg total) by mouth daily. - Oral Patient not taking: Reported on 9/9/2024	11	9/3/2020	9/3/2021
cyanocobalamin (VITAMIN B-12) 500mcg tablet Take 2 tablets (1,000 mcg total) by mouth daily. - Oral Patient-reported medication	—		—
ketoconazole (generic for NIZORAL) 2% cream APPLY TO FEET TWICE A DAY Patient not taking: Reported on 11/18/2021 Patient-reported medication	—	8/20/2020	—
pravastatin (Pravachol) 20mg tablet Take 1 tablet (20 mg total) by mouth nightly. - Oral	11	9/3/2020	9/9/2024

Visit Diagnoses

Primary: **PAD (peripheral artery disease) (CMS/HCC)** I73.9

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Cardiology, Vascular & Vein Center

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Anderson, South Carolina 29621

Phone 864.261.7474
Fax 864.261.8580

ABDOMINAL AORTA REPORT

Name: **JOHNSON, NATHAN**
Patient Id: **653779**
Sex: **Male**
Birthdate: **09/12/1960**

Date: **01/14/2021**
Height:
Weight:
BSA:

Sonographer: **MADDEN RVT, TIMOTHY B.**
Diagn.Phys.: **MCLAURIN, BRENT**
Ref. Phys: **TOM DANG 678 ~~482 7406~~ 248-7539**
MD, other:
Indications: **PVD, smoker**

2D Msmts		Doppler Msmts	
Ao Dist AP	1.39 cm	Prox Ao PS	82.99 cm/s
Ao Dist Trans	1.37 cm	Prox Ao ED	14.44 cm/s
Ao Mid AP	1.65 cm	Mid Ao PS	47.36 cm/s
Ao Mid Trans	1.74 cm	Mid Ao ED	8.57 cm/s
Ao Prox AP	2.34 cm	Dist Ao PS	55.85 cm/s
Ao Prox Trans	2.38 cm	Dist Ao ED	2.03 cm/s

Findings

Study quality: This was a technically adequate study.

The abdominal aorta has normal dimensions with mild plaquing. There is no evidence of any aneurysmal dilation.

Normal inferior vessel; no aneurysm.

Normal right iliac artery with moderate plaquing noted in the distal common iliac.

Normal left iliac artery with occlusion of the proximal external iliac artery with collateral flow in the distal external iliac artery.

Conclusions

1. Normal inferior vessel; no aneurysm.
2. Occlusion of the proximal left external iliac artery with collateral flow in the distal external iliac artery.

Brent McLaurin, MD, FACC, FSCAI
Carl Lomboy, MD, FACC, FSCAI

Louis F. Knoepp, MD, FACS, RPVI
Jennifer M. Thomas, MD, FACS, RPVI

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Cardiology, Vascular & Vein Center

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Phone 864.261.7474
Fax 864.261.8580

LOWER EXTREMITY ARTERIAL REPORT

Name: **JOHNSON, NATHAN**
Patient Id: **653779**
Sex: **Male**
Birthdate: **09/12/1960**

Date: **01/14/2021**
Height:
Weight:
BSA:

Sonographer: **MADDEN RVT, TIMOTHY B.**
Diagn.Phys.: **MCLAURIN, BRENT**
Ref. Phys: **TOM DANG 678 482 7106**
MD, other:
Indications: **PVD, smoker**

RT LEA		LT LEA	
Rt CFA PS	102.81 cm/s	Lt CFA PS	116.91 cm/s
Rt DFA PS	86.10 cm/s	Lt DFA PS	40.47 cm/s
Rt SFA PS	74.62 cm/s	Lt SFA PS	96.61 cm/s
Rt Pop PS	80.75 cm/s	Lt Pop PS	68.01 cm/s
Rt ATA PS	66.33 cm/s	Lt ATA PS	17.43 cm/s
Rt PTA PS	72.51 cm/s	Lt PTA PS	20.80 cm/s

Findings

Right CFA:Triphasic right common femoral artery artery waveform. Below 50 % diameter stenosis.
Right PFA:Biphasic right profunda artery waveform. Below 50 % diameter stenosis.
Right SFA:Triphasic right superficial femoral artery waveform. Below 50 % diameter stenosis.
Right POP:Triphasic right popliteal artery waveform. Below 50 % diameter stenosis.
Right PTA:Triphasic right posterior tibial artery waveform. Below 50 % diameter stenosis.
Right ATA:Triphasic right anterior tibial artery waveform. Below 50 % diameter stenosis.
Normal ankle brachial index on right.

Left CFA:Monophasic left common femoral artery waveform. Below 50 % diameter stenosis.
Left PFA:Monophasic left profunda artery waveform. Below 50 % diameter stenosis.
Left SFA:Monophasic left superficial femoral artery waveform. Occluded with some recanalization in the distal sfa.
Left Popliteal:Monophasic left popliteal artery waveform. Occluded distal popliteal.
Left PTA:Monophasic left posterior tibial artery waveform. Occuded proximal pta with collateral flow.
Left ATA:Monophasic left anterior tibial artery waveform. Occuded proximal ata with collateral flow.
Left ankle brachial index suggests severe degree of obstruction.
There is diffuse multilevel PAD as described.

Comments

rt bp 140 lt bp 136
rt pta 132 lt pta 51
rt dp 132 lt dp 35

rt abi .94 lt abi .36

Conclusions

1. There is diffuse multilevel PAD as described.

Brent McLaurin, MD, FACC, FSCAI
Carl Lomboy, MD, FACC, FSCAI

Louis F. Knoepp, MD, FACS, RPVI
Jennifer M. Thomas, MD, FACS, RPVI

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Johnson, Nathan Ross
MRN: 000653779, DOB: 9/12/1960, Legal Sex: M
Visit date: 1/14/2021

Johnson, Nathan Ross

MRN: 000653779

Office Visit 1/14/2021
Anderson Heart, PC

Provider: Thomas, Jennifer M, MD (Vascular Surgery)
Primary diagnosis: PAD (peripheral artery disease) (CMS/HCC)
Reason for Visit: Follow-up; Referred by Dang, Tom Tien, DPM

Progress Notes

Thomas, Jennifer M, MD (Physician) • Vascular Surgery

Anderson Heart and Vascular

Follow up Office Visit

Assessment and Plan

Problem List Items Addressed This Visit

Circulatory
PAD (peripheral artery disease) (CMS/HCC)
Current Assessment & Plan
Duplex today looks much improved, amazing his improvement in clinical symptoms since walking approx 2 miles/day, using hemp flowers (smoking and baking into a clarified butter). Will cont conservative management for now, return in 6 months.

Relevant Orders
Vas Aorta duplex scan complete
Vas Arterial duplex lower extremity bilateral

Return in about 6 months (around 7/14/2021).

Subjective

Nathan Ross Johnson presents for Follow-up (AO/ ART DUP DONE TODAY).

Here for follow-up, feeling great he says. Exercising a lot with step climber and walking, legs hurting much less. Says he has his own Doppler he checks his pulse with, using hemp products that he believes are helping circulation. Has known L iliac/SFA occlusions, rest pain now resolved, no ulcerations.

Review of Systems
Constitution: Negative for chills and fever.
Cardiovascular: Negative for chest pain and claudication.
Respiratory: Negative for cough and shortness of breath.

Relevant History

Past Medical History:

Diagnosis	Date
• Deep vein thrombosis (CMS/HCC)	

Past Surgical History:

Procedure	Laterality	Date
• COLONOSCOPY		
• KNEE SURGERY	Right	
• TONSILECTOMY, ADENOIDECTOMY, BILATERAL		

MYRINGOTOMY AND TUBES

No family history on file.

Allergies

Patient has no known allergies.

Social History

Tobacco Use

- Smoking status: Heavy Tobacco Smoker
  Types: Cigarettes
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: Not on file
- Drug use: Not on file

Medications

Current Outpatient Medications:

- aspirin (aspirin) 81mg EC tablet, Take 1 tablet (81 mg total) by mouth daily., Disp: 30 tablet, Rfl: 11
- cyanocobalamin (VITAMIN B-12) 500mcg tablet, Take 5,000 mcg by mouth daily. , Disp: , Rfl:
- ketoconazole (generic for NIZORAL) 2% cream, APPLY TO FEET TWICE A DAY, Disp: , Rfl:
- pravastatin (Pravachol) 20mg tablet, Take 1 tablet (20 mg total) by mouth nightly., Disp: 30 tablet, Rfl: 11

Objective

Ht 1.778 m (5' 10") | Wt 102 kg (225 lb) | BMI 32.28 kg/m²

Physical Exam

Constitutional: He appears well-developed and well-nourished.
Cardiovascular: Normal rate and normal heart sounds.
Pulmonary/Chest: Effort normal. No respiratory distress.
Musculoskeletal: Normal range of motion.
General: No tenderness or edema.

Duplex today: Monophasic LLE flow, but CFÀ much improved (116 cm/s now), with improved pop flow (up to 68 cm/s), still with reduced monophasic tibial flow, ABI 0.36

Patient was encouraged to maintain healthy BMI </=26.
If patient current smokes tobacco, negative effects of ongoing abuse discussed and counseling for cessation offered.
Benefits of daily aerobic exercise discussed with the patient, encouraging goal of 150 minutes of moderate intensity exercise/week.
Referred to AHA.org and Cardiosmart.org for further information, if desired.
If any new or worsening symptoms occur, the patient has been instructed to call the office or proceed to the ED for prompt evaluation.

Primary care physician: Tom Tien Dang, DPM

Instructions

Return in about 6 months (around 7/14/2021).

Additional Documentation

Vitals: Ht 5' 10" (1.778 m) Wt 102 kg (225 lb) BMI 32.28 kg/m² BSA 2.24 m² Pain Sc 0-No pain

Communications

Letter sent to Tom Tien Dang, DPM

Medication Documentation Review Audit

Reviewed by McCoy, Amber (Medical Assistant) on 01/14/21 at 1029

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
aspirin (aspirin) 81mg EC tablet	2708991	No	Take 1 tablet (81 mg total) by mouth daily.	Thomas, Jennifer M, MD	Taking	Active
cyanocobalamin (VITAMIN B-12) 500mcg tablet	2708986	No	Take 5,000 mcg by mouth daily.	Provider, Historical, MD	Taking	Active
ketoconazole (generic for NIZORAL) 2% cream	2708985	No	APPLY TO FEET TWICE A DAY	Provider, Historical, MD	Taking	Active
pravastatin (Pravachol) 20mg tablet	2708990	No	Take 1 tablet (20 mg total) by mouth nightly.	Thomas, Jennifer M, MD	Taking	Active

Prep For Surgery Report

Prep for Surgery Report

Insurance Authorization

No Hospital Account

Pharmacy Benefits

No pharmacy benefits on file.

Travel Screening

Question	Response
Have you been in contact with someone who was sick?	—
Do you have any of the following new or worsening symptoms?	None of these
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	No / Unsure
Have you had a COVID-19 viral test in the last 14 days?	No
Have you traveled internationally or domestically in the last month?	No

Travel History

Travel since 05/10/25

No documented travel since 05/10/25

Rehab Plans of Care

No active plans found

Encounter Status

Signed by Thomas, Jennifer M, MD on 1/14/21 at 11:02 AM

Orders Placed

Arterial duplex lower extremity bilateral with ABI (Resulted 10/13/2021)
Vas Aorta duplex scan complete (Resulted 10/13/2021)

Medication Changes

As of 1/14/2021 10:29 AM

None

Medication List at End of Visit

As of 1/14/2021 10:29 AM

	Refills	Start Date	End Date
aspirin (aspirin) 81mg EC tablet Take 1 tablet (81 mg total) by mouth daily. - Oral Patient not taking: Reported on 9/9/2024	11	9/3/2020	9/3/2021
cyanocobalamin (VITAMIN B-12) 500mcg tablet Take 2 tablets (1,000 mcg total) by mouth daily. - Oral Patient-reported medication	—		—
ketoconazole (generic for NIZORAL) 2% cream APPLY TO FEET TWICE A DAY Patient not taking: Reported on 11/18/2021 Patient-reported medication	—	8/20/2020	—
pravastatin (Pravachol) 20mg tablet Take 1 tablet (20 mg total) by mouth nightly. - Oral	11	9/3/2020	9/9/2024

Visit Diagnoses

PAD (peripheral artery disease) (CMS/HCC) I73.9

Anderson Heart, PC
Cardiology, Vascular & Vein Center

FAXED

Print Date: 10/13/2021, 09:47

www.andersonheart.com

100 Gavotte Lane
Anderson, South Carolina 29621

Phone 864.261.7474
Fax 864.261.8580

LOWER EXTREMITY ARTERIAL REPORT

Name: **JOHNSON, NATHAN**
Patient Id: **653779**
Sex: **Male**
Birthdate: **09/12/1960**

Date: **10/13/2021**
Height:
Weight:
BSA:

Sonographer: **MADDEN RVT, TIMOTHY B.**
Diagn.Phys.: **CARL LOMBOY, MD,FACC,FSCAI**
Ref. Phys: **Tom dang 678 482 7106**
MD, other:
Indications: **PVD**

RT LEA		LT LEA	
Rt CFA PS	120.54 cm/s	Lt CFA PS	48.75 cm/s
Rt DFA PS	90.11 cm/s	Lt DFA PS	43.36 cm/s
Rt SFA PS	121.70 cm/s	Lt SFA PS	102.65 cm/s
Rt Pop PS	74.48 cm/s	Lt Pop PS	76.24 cm/s
Rt ATA PS	84.07 cm/s	Lt ATA PS	23.71 cm/s
Rt PTA PS	60.91 cm/s	Lt PTA PS	27.82 cm/s

Findings

Right CFA:Triphasic right common femoral artery artery waveform. Below 50 % diameter stenosis.
Right PFA:Triphasic right profunda artery waveform. Below 50 % diameter stenosis.
Right SFA:Triphasic right superficial femoral artery waveform. Below 50 % diameter stenosis.
Right POP:Triphasic right popliteal artery waveform. Below 50 % diameter stenosis.
Right PTA:Triphasic right posterior tibial artery waveform. Below 50 % diameter stenosis.
Right ATA:Triphasic right anterior tibial artery waveform. Below 50 % diameter stenosis.
Normal ankle brachial index on right.

Left CFA:Monophasic left common femoral artery waveform. Below 50 % diameter stenosis.
Left PFA:Monophasic left profunda artery waveform. Below 50 % diameter stenosis.
Left SFA:Monophasic left superficial femoral artery waveform. Below 50 % diameter stenosis.
Left Popliteal:Monophasic left popliteal artery waveform. Below 50 % diameter stenosis.
Left PTA:Monophasic left posterior tibial artery waveform Below 50 % diameter stenosis.
Left ATA:Monophasic left anterior tibial artery waveform. Below 50 % diameter stenosis.
Left ankle brachial index suggests moderate degree of obstruction.
There is mild nonobstructive PAD as described.

Comments
rt bp 124 lt bp 134
rt pta 160 lt pta 60
rt dp 148 lt dp 40

rt abi 1.19 lt abi .44

Conclusions

1. Monophasic left common femoral artery waveform.
2. There is mild nonobstructive PAD as described.

Brent McLaurin, MD, FACC, FSCAI
Carl Lomboy, MD, FACC, FSCAI

Louis F. Knoepp, MD, FACS, RPVI
Jennifer M. Thomas, MD, FACS, RPVI

FAXED

Anderson Heart, PC
Cardiology, Vascular & Vein Center

Print Date: 10/13/2021, 09:48
www.andersonheart.com

100 Gavotte Lane
Anderson, South Carolina 29621

Phone 864.261.7474
Fax 864.261.8580

ABDOMINAL AORTA REPORT

Name: **JOHNSON, NATHAN**
Patient Id: **653779**
Sex: **Male**
Birthdate: **09/12/1960**

Date: **10/13/2021**
Height:
Weight:
BSA:

Sonographer: **MADDEN RVT, TIMOTHY B.**
Diagn.Phys.: **CARL LOMBOY, MD,FACC,FSCAI**
Ref. Phys: **Tom dang 678 482 7106**
MD, other:
Indications: **PVD**

2D Msmts	
Ao Dist AP	1.40 cm
Ao Dist Trans	1.43 cm
Ao Mid AP	1.69 cm
Ao Mid Trans	1.72 cm
Ao Prox AP	2.16 cm
Ao Prox Trans	2.14 cm

Doppler Msmts	
Prox Ao PS	104.18 cm/s
Prox Ao ED	17.59 cm/s
Mid Ao PS	64.95 cm/s
Mid Ao ED	0.46 cm/s
Dist Ao PS	54.39 cm/s
Dist Ao ED	1.17 cm/s

Findings

Study quality: This was a technically difficult study.
The abdominal aorta has normal dimensions with mild plaquing There is no evidence of any aneurysmal dilation.
Normal right iliac artery dimensions with moderate to severe(70-79% stenosis).
Normal left iliac dimensions, occlusion of the left external iliac.

Conclusions

1. The abdominal aorta has normal dimensions with mild plaquing There is no evidence of any aneurysmal dilation.
2. Normal right iliac artery dimensions with moderate to severe(70-79% stenosis).
3. Normal left iliac dimensions, occlusion of the left external iliac.

Brent McLaurin, MD, FACC, FSCAI
Carl Lomboy, MD, FACC, FSCAI

Louis F. Knoepp, MD, FACS, RPVI
Jennifer M. Thomas, MD, FACS, RPVI

Anderson Heart, PC
100 Gavotte Lane
ANDERSON SC 29621-8205

Johnson, Nathan Ross
MRN: 000653779, DOB: 9/12/1960, Legal Sex: M
Visit date: 11/18/2021

Johnson, Nathan Ross

MRN: 000653779

Office Visit 11/18/2021
Anderson Heart, PC

Provider: Thomas, Jennifer M, MD (Vascular Surgery)
Primary diagnosis: PAD (peripheral artery disease) (CMS/HCC)
Reason for Visit: Follow-up; Referred by Dang, Tom Tien, DPM

Progress Notes

Thomas, Jennifer M, MD (Physician) • Vascular Surgery

Anderson Heart and Vascular

Follow up Office Visit

Assessment and Plan

Problem List Items Addressed This Visit

Circulatory
PAD (peripheral artery disease) (CMS/HCC)
Current Assessment & Plan
Has slight improvement in ABI and now L SFA appears open (was occluded on previous duplex). Still using his hemp flower butter, think the Eliquis is also helping, will continue conservative therapy. Cont 6 month follow up.

Return in about 6 months (around 5/18/2022).

Subjective

Nathan Ross Johnson presents for Follow-up (duplex done on 10/13/21.).

Back for follow up of PAD. Has known L iliac occlusion, severe R iliac stenosis, wanted to do medical therapy when I saw her before (last visit 1/21). Has continued to walk consistently, legs were doing well until he had more LLE pain and swelling, went to St Mary's (Athens) and told he had chronic DVTs (May 2021), put on Eliquis. He has been taking once/day due to concern about bleeding risks (has not noticed any).

Review of Systems
Constitutional: Negative for chills and fever.
Cardiovascular: Negative for chest pain and leg swelling.
Respiratory: Negative for cough and shortness of breath.

Relevant History

Past Medical History:

Diagnosis	Date
• Deep vein thrombosis (CMS/HCC)	

Past Surgical History:

Procedure	Laterality	Date
• COLONOSCOPY		
• KNEE SURGERY	Right	
• TONSILECTOMY, ADENOIDECTOMY, BILATERAL MYRINGOTOMY AND TUBES		

No family history on file.

Allergies

Patient has no known allergies.

Social History

Tobacco Use	
• Smoking status:	Heavy Tobacco Smoker
Types:	Cigarettes
• Smokeless tobacco:	Never Used
Vaping Use	
• Vaping Use:	Never used
Substance Use Topics	
• Alcohol use:	Not on file
• Drug use:	Not on file

Medications

Current Outpatient Medications:
- apixaban (ELIQUIS) 5mg tablet, Take 5 mg by mouth 2 (two) times a day., Disp: , Rfl:
- Phenylephrine-Mineral Oil-Pet (MAJOR-PREP HEMORRHOIDAL RE), Insert into the rectum., Disp: , Rfl:
- aspirin (aspirin) 81mg EC tablet, Take 1 tablet (81 mg total) by mouth daily., Disp: 30 tablet, Rfl: 11
- cyanocobalamin (VITAMIN B-12) 500mcg tablet, Take 5,000 mcg by mouth daily. (Patient not taking: Reported on 11/18/2021), Disp: , Rfl:
- ketoconazole (generic for NIZORAL) 2% cream, APPLY TO FEET TWICE A DAY (Patient not taking: Reported on 11/18/2021), Disp: , Rfl:
- pravastatin (Pravachol) 20mg tablet, Take 1 tablet (20 mg total) by mouth nightly., Disp: 30 tablet, Rfl: 11

Objective

Ht 1.778 m (5' 10") | Wt 98.9 kg (218 lb) | BMI 31.28 kg/m²

Physical Exam

Constitutional:
Appearance: Normal appearance.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Musculoskeletal:
General: No swelling or tenderness. Normal range of motion.
Neurological:
Mental Status: He is alert.

Duplex on 10/13/21: >75% R CIA stenosis with L EIA occlusion, normal RLE flow and ABI, LLE with monophasic flow throughout, ABI 0.44 (up from 0.3 in 1/21)

Patient was encouraged to maintain healthy BMI </=26.
If patient current smokes tobacco, negative effects of ongoing abuse discussed and counseling for cessation offered.
Benefits of daily aerobic exercise discussed with the patient, encouraging goal of 150 minutes of moderate intensity exercise/week.
Referred to AHA.org and Cardiosmart.org for further information, if desired.
If any new or worsening symptoms occur, the patient has been instructed to call the office or proceed to the ED for prompt evaluation.

Primary care physician: Tom Tien Dang, DPM

Instructions

Return in about 6 months (around 5/18/2022).

After Visit Summary (Snapshot) - Printed 11/18/2021

Additional Documentation

Vitals: Ht 5' 10" (1.778 m) Wt 98.9 kg (218 lb) BMI 31.28 kg/m² BSA 2.21 m² Pain Sc 0-No pain

Flowsheets: Additional Vitals

Communications

Letter sent to Tom Tien Dang, DPM

Medication Documentation Review Audit

Prior to Admission medications have not yet been reviewed for this encounter

Prep For Surgery Report

Prep for Surgery Report

Insurance Authorization

No Hospital Account

Pharmacy Benefits

No pharmacy benefits eligibility data found for this visit.

Travel Screening

Question	Response
Have you been in contact with someone who was sick?	—
Do you have any of the following new or worsening symptoms?	None of these
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	No / Unsure
Have you had a COVID-19 viral test in the last 14 days?	No
Have you traveled internationally or domestically in the last month?	No

Travel History

Travel since 05/10/25

No documented travel since 05/10/25

Rehab Plans of Care

No active plans found

Encounter Status

Signed by Thomas, Jennifer M, MD on 11/18/21 at 11:00 AM

Orders Placed

None

Medication Changes

As of 11/18/2021 10:18 AM

None

Medication List at End of Visit

As of 11/18/2021 10:18 AM

	Refills	Start Date	End Date
apixaban (ELIQUIS) 5mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day. - Oral Patient-reported medication	—		—
cyanocobalamin (VITAMIN B-12) 500mcg tablet Take 2 tablets (1,000 mcg total) by mouth daily. - Oral Patient-reported medication	—		—
ketoconazole (generic for NIZORAL) 2% cream APPLY TO FEET TWICE A DAY Patient not taking: Reported on 11/18/2021 Patient-reported medication	—	8/20/2020	—
Phenylephrine-Mineral Oil-Pet (MAJOR-PREP HEMORRHOIDAL RE) Insert into the rectum. - Rectal Patient-reported medication	—		—
pravastatin (Pravachol) 20mg tablet Take 1 tablet (20 mg total) by mouth nightly. - Oral	11	9/3/2020	9/9/2024

Visit Diagnoses

PAD (peripheral artery disease) (CMS/HCC) I73.9

Anderson Heart, PC
100 Gavotte Lane
ANDERSON SC 29621-8205

Johnson, Nathan Ross
MRN: 000653779, DOB: 9/12/1960, Legal Sex: M
Visit date: 9/9/2024

Johnson, Nathan Ross

MRN: 000653779

Office Visit 9/9/2024
Anderson Heart, PC

Provider: Thomas, Jennifer M, MD (Vascular Surgery)
Primary diagnosis: PAD (peripheral artery disease) (CMS/HCC)
Reason for Visit: Follow-up

Progress Notes

Thomas, Jennifer M, MD (Physician) • Vascular Surgery

Anderson Heart and Vascular

Follow up Office Visit

Assessment and Plan

Problem List Items Addressed This Visit

Circulatory
PAD (peripheral artery disease) (CMS/HCC) - Primary
Current Assessment & Plan
Has L iliac occlusion, ABI 0.6, monophasic flow throughout. He is not symptomatic enough for agram, upset about inability to use cannabis. Will keep follow up at 6 month intervals.

Relevant Orders
Vas Aorta duplex scan complete (r/o aneurysm/stenosis)
Vas Arterial duplex lower extremity bilateral

Return in about 6 months (around 3/9/2025).

Subjective

Nathan Ross Johnson presents for Follow-up (Pad-ao/art dup today.).

Here in follow up, have seen in the past for PAD and DVT. Was using hemp/cannabis for relief of symptoms, has been put in prison since last visit for growing marijuana.

Review of Systems
Constitutional: Negative for chills and fever.
Cardiovascular: Negative for chest pain and leg swelling.
Respiratory: Negative for cough and shortness of breath.

Relevant History

Past Medical History:

Diagnosis	Date
• Deep vein thrombosis (CMS/HCC)	

Past Surgical History:

Procedure	Laterality	Date
• COLONOSCOPY		
• KNEE SURGERY	Right	
• TONSILECTOMY, ADENOIDECTOMY, BILATERAL MYRINGOTOMY AND TUBES		

No family history on file.

Allergies

Patient has no known allergies.

Social History

Tobacco Use	
• Smoking status:	Heavy Smoker
Types:	Cigarettes
• Smokeless tobacco:	Never
Vaping Use	
• Vaping status:	Never Used

Medications

Current Outpatient Medications:
- apixaban (ELIQUIS) 5mg tablet, Take 1 tablet (5 mg total) by mouth 2 (two) times a day., Disp: , Rfl:
- Cholecalciferol (Vitamin D3) 25 MCG tablet, Take by mouth., Disp: , Rfl:
- cyanocobalamin (VITAMIN B-12) 500mcg tablet, Take 2 tablets (1,000 mcg total) by mouth daily., Disp: , Rfl:
- folic acid (generic for FOLVITE) 1mg tablet, Take 1 tablet (1 mg total) by mouth daily., Disp: , Rfl:
- glipiZIDE (generic for GLUCOTROL) 10mg tablet, Take 1 tablet (10 mg total) by mouth 2 (two) times daily with breakfast and supper., Disp: , Rfl:
- pravastatin (Pravachol) 20mg tablet, Take 1 tablet (20 mg total) by mouth nightly., Disp: 30 tablet, Rfl: 11
- sertraline (generic for ZOLOFT) 50mg tablet, Take 1 tablet (50 mg total) by mouth daily., Disp: , Rfl:
- aspirin (aspirin) 81mg EC tablet, Take 1 tablet (81 mg total) by mouth daily. (Patient not taking: Reported on 9/9/2024), Disp: 30 tablet, Rfl: 11
- ketoconazole (generic for NIZORAL) 2% cream, APPLY TO FEET TWICE A DAY (Patient not taking: Reported on 11/18/2021), Disp: , Rfl:
- Phenylephrine-Mineral Oil-Pet (MAJOR-PREP HEMORRHOIDAL RE), Insert into the rectum., Disp: , Rfl:

Objective

Resp 18 | Ht 5' 10" (1.778 m) | Wt 113 kg (250 lb) | BMI 35.87 kg/m²

Physical Exam

Constitutional:
Appearance: Normal appearance.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Musculoskeletal:
General: No swelling or tenderness. Normal range of motion.
Neurological:
Mental Status: He is alert.

Duplex:
L CIA occlusion, R CIA 50-75%, L ABI 0.66

Patient was encouraged to maintain healthy BMI </=26.
If patient current smokes tobacco, negative effects of ongoing abuse discussed and counseling for cessation offered.
Benefits of daily aerobic exercise discussed with the patient, encouraging goal of 150 minutes of moderate intensity exercise/week.
Referred to AHA.org and Cardiosmart.org for further information, if desired.

If any new or worsening symptoms occur, the patient has been instructed to call the office or proceed to the ED for prompt evaluation.

Primary care physician: Dang, Tom Tien, DPM

Instructions

Return in about 6 months (around 3/9/2025).

After Visit Summary (Snapshot) - Printed 9/9/2024

Additional Documentation

Vitals: Resp 18 Ht 5' 10" (1.778 m) Wt 113 kg (250 lb) BMI 35.87 kg/m² BSA 2.36 m² Pain Sc 0-No pain

Flowsheets: Fall Screening

Communications

Letter sent to Tom Tien Dang, DPM

Medication Documentation Review Audit

Reviewed by Aderhold, Stephanie on 09/09/24 at 1028

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
apixaban (ELIQUIS) 5mg tablet	49740265	Yes	Take 1 tablet (5 mg total) by mouth 2 (two) times a day.	Provider, Historical, MD	Taking	Active
aspirin (aspirin) 81mg EC tablet	*2708991*	*No*	*Take 1 tablet (81 mg total) by mouth daily.* Patient not taking: *Reported on 9/9/2024*	*Thomas, Jennifer M, MD*	*Not Taking*	Expired 09/03/21 2359
Cholecalciferol (Vitamin D3) 25 MCG tablet	49740287	Yes	Take by mouth.	Provider, Historical, MD	Taking	Active
cyanocobalamin (VITAMIN B-12) 500mcg tablet	2708986	Yes	Take 2 tablets (1,000 mcg total) by mouth daily.	Provider, Historical, MD	Taking	Active
folic acid (generic for FOLVITE) 1mg tablet	49740288	Yes	Take 1 tablet (1 mg total) by mouth daily.	Provider, Historical, MD	Taking	Active
glipiZIDE (generic for GLUCOTROL) 10mg tablet	49740286	Yes	Take 1 tablet (10 mg total) by mouth 2 (two) times daily with breakfast and supper.	Provider, Historical, MD	Taking	Active
ketoconazole (generic for NIZORAL) 2% cream	2708985		APPLY TO FEET TWICE A DAY Patient not taking: Reported on 11/18/2021	Provider, Historical, MD		Active
Phenylephrine-Mineral Oil-Pet (MAJOR-PREP HEMORRHOIDAL RE)	49740266		Insert into the rectum.	Provider, Historical, MD		Active

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
pravastatin (Pravachol) 20mg tablet	2708990	Yes	Take 1 tablet (20 mg total) by mouth nightly.	Thomas, Jennifer M, MD	Taking	Active
sertraline (generic for ZOLOFT) 50mg tablet	49740285	Yes	Take 1 tablet (50 mg total) by mouth daily.	Provider, Historical, MD	Taking	Active

Prep For Surgery Report

Prep for Surgery Report

Insurance Authorization

No Hospital Account

Pharmacy Benefits

No pharmacy benefits eligibility data found for this visit.

Travel Screening

No screening recorded since 08/19/24 0000

Travel History

Travel since 05/10/25

No documented travel since 05/10/25

Rehab Plans of Care

No active plans found

Encounter Status

Signed by Thomas, Jennifer M, MD on 9/9/24 at 11:06 AM

Orders Placed

Vas Aorta duplex scan complete (r/o aneurysm/stenosis)
Vas Arterial duplex lower extremity bilateral

Medication Changes

As of 9/9/2024 10:28 AM

None

Medication List at End of Visit

As of 9/9/2024 10:28 AM

	Refills	Start Date	End Date
apixaban (ELIQUIS) 5mg tablet Take 1 tablet (5 mg total) by mouth 2 (two) times a day. - Oral Patient-reported medication	—		—
Cholecalciferol (Vitamin D3) 25 MCG tablet Take by mouth. - Oral Patient-reported medication	—		—
cyanocobalamin (VITAMIN B-12) 500mcg tablet Take 2 tablets (1,000 mcg total) by mouth daily. - Oral Patient-reported medication	—		—
folic acid (generic for FOLVITE) 1mg tablet Take 1 tablet (1 mg total) by mouth daily. - Oral	—		—

	Refills	Start Date	End Date
Patient-reported medication			
glipiZIDE (generic for GLUCOTROL) 10mg tablet Take 1 tablet (10 mg total) by mouth 2 (two) times daily with breakfast and supper. - Oral Patient-reported medication	—		—
ketoconazole (generic for NIZORAL) 2% cream APPLY TO FEET TWICE A DAY Patient not taking: Reported on 11/18/2021 Patient-reported medication	—	8/20/2020	—
Phenylephrine-Mineral Oil-Pet (MAJOR-PREP HEMORRHOIDAL RE) Insert into the rectum. - Rectal Patient-reported medication	—		—
pravastatin (Pravachol) 20mg tablet Take 1 tablet (20 mg total) by mouth nightly. - Oral	11	9/3/2020	9/9/2024
sertraline (generic for ZOLOFT) 50mg tablet Take 1 tablet (50 mg total) by mouth daily. - Oral Patient-reported medication	—		—

Visit Diagnoses

Primary: **PAD (peripheral artery disease) (CMS/HCC)** I73.9

Anderson Heart & Vascular, LLC www.andersonheart.com

100 Gavotte Lane
Anderson, South Carolina 29621

Phone 864.261.7474
Fax 864.261.8580

Aorta Duplex

Name: NATHAN R JOHNSON
MRN: 653779
Sex: male
DOB: 9/12/1960, 63 years

Exam Date: 9/9/2024
Height: ft in
Weight: lbs
BSA:

Sonographer: Timothy Madden, RDMS, RVT
Diagn.Phys.: Brent T. McLaurin, MD, FACC, FSCAI
Ref. Phys: VAMC Clinic Anderson SC

Indication pvd, known occlusion of the left common iliac artery

Procedure/ Study Quality View: This was a technically difficult study with suboptimal views.

Aorta Measurements

	Diam AP cm	Diam Trans cm	PS cm/s	ED cm/s
Aorta distal	1.62	1.62	37	4

Iliac Arteries

	PS cm/s	ED cm/s	RI
Rt CIA prox	59	10	0.83
Rt CIA distal	108	8	0.93

Aorta Normal abdominal aorta measuring 1.62 cm x 1.62 cm distally; no aneurysm seen.

Right Iliac Right common iliac artery measures within normal limits with evidence of hemodynamically significant stenosis. 50-74% stenosis in the right common iliac artery.

Left Iliac Left common iliac artery measures within normal limits with occlusion of the common iliac artery.

Impression **Normal abdominal aorta measuring 1.62 cm x 1.62 cm distally; no aneurysm seen. Left common iliac artery measures within normal limits with occlusion of the common iliac artery.**

Brent T. McLaurin, MD, FACC, FSCAI
Reading physician
Electronically signed by Brent T. McLaurin, MD, FACC, FSCAI at 12:43 PM on 9/9/2024

Timothy Madden, RDMS, RVT
Sonographer

Anderson Heart & Vascular, LLC
www.andersonheart.com

100 Gavotte Lane
Anderson, South Carolina 29621

Phone 864.261.7474
Fax 864.261.8580

Lower Extremity Arterial Duplex

Name: NATHAN R JOHNSON
MRN: 653779
Sex: male
DOB: 9/12/1960, 63 years

Exam Date: 9/9/2024
Height: ft in
Weight: lbs
BSA:

Sonographer: Timothy Madden, RDMS, RVT
Diagn.Phys.: Jennifer M. Thomas, MD, FACS, RPVI
Ref. Phys: VAMC Clinic Anderson SC

Indication: pvd, known left common iliac artery occlusion

Lower Extremities

	RIGHT PS cm/s	LEFT PS cm/s
CFA	134	49
DFA	49	49
SFA	84	57
POP	89	89
ATA	67	24
PTA	68	44

Pressure Lower

	RIGHT Pressure mmHg	LEFT Pressure mmHg
Brachial	152	150
Posterior tibial	162	100
Anterior tibial	155	80
ABI	1.07	0.66

Right CFA: Triphasic right common femoral artery waveform. Arterial color duplex evaluation of the right lower extremity reveals a <50% stenosis in the common femoral artery.

Right DFA: Biphasic right deep femoral artery waveform. There is mild plaque formation seen in right deep femoral artery.

Right SFA: Weakly Biphasic right superficial femoral artery waveform. Arterial color duplex evaluation of the right lower extremity reveals a <50% stenosis in the superficial femoral artery.

Right POP: Weakly Biphasic right popliteal artery waveform. Arterial color duplex evaluation of the right lower extremity reveals a <50% stenosis in the popliteal artery.

Right ATA: Monophasic right anterior tibial artery waveform. Arterial color duplex evaluation of the right lower extremity reveals a <50% stenosis in the anterior tibial artery.

Right PTA: Monophasic right posterior tibial artery waveform. Arterial color duplex evaluation of the right lower extremity reveals a <50% stenosis in the posterior tibial artery.

Right ABI: Normal ankle brachial index on right.

Left CFA: Monophasic left common femoral artery waveform. Arterial color duplex evaluation of the left

	lower extremity reveals a <50% stenosis in the common femoral artery.
Left DFA	Monophasic left deep femoral artery waveform. Arterial color duplex evaluation of the left lower extremity reveals a <50% stenosis in the deep femoral artery.
Left SFA	Monophasic left superficial femoral artery waveform. Arterial color duplex evaluation of the left lower extremity reveals a <50% stenosis in the superficial femoral artery.
Left POP	Monophasic left popliteal artery waveform. Arterial color duplex evaluation of the left lower extremity reveals a <50% stenosis in the popliteal artery.
Left ATA	Monophasic left anterior tibial artery waveform. Arterial color duplex evaluation of the left lower extremity reveals a <50% stenosis in the anterior tibial artery.
Left PTA	Monophasic left posterior tibial artery waveform. There is mild plaque formation seen in the left posterior tibial artery.
Left ABI	Left ankle brachial index suggests moderate degree of obstruction.
Impression	**Monophasic moderately reduced flow in LLE (ABI 0.66), see aorta report.**

Jennifer M. Thomas, MD, FACS, RPVI
Reading physician
Electronically signed by Jennifer M. Thomas, MD, FACS, RPVI at 12:50 PM on 9/9/2024

Timothy Madden, RDMS, RVT
Sonographer

Anderson Heart, PC
100 Gavotte Lane
ANDERSON SC 29621-8205

Johnson, Nathan Ross
MRN: 000653779, DOB: 9/12/1960, Legal Sex: M
Visit date: 2/5/2026

Johnson, Nathan Ross

MRN: 000653779

Thomas, Jennifer M, MD
Physician
Specialty: Vascular Surgery

Progress Notes
Signed

Encounter Date: 2/5/2026

Anderson Heart and Vascular
Follow up Office Visit

Assessment and Plan

Problem List Items Addressed This Visit

Circulatory
PAD (peripheral artery disease) (CMS/HCC) - Primary
Current Assessment & Plan
Doing very well, has been taken off diabetic meds now, ABI stable and asymptomatic. Cont yearly follow up.

Relevant Orders
Vas Aorta duplex scan complete (r/o aneurysm/stenosis)
Vas Arterial duplex lower extremity bilateral

Return in about 1 year (around 2/5/2027).

Subjective

Nathan Ross Johnson presents for Follow-up (Pad-ao/art dup today.).

Here for follow up of known L iliac occlusion. Has known prostate CA, says his labs are all improving since he has been able to start using cannabis products again in 6/25. No leg pain, walking well with cane. Says he has come off all pharmaceuticals.

Review of Systems
Constitutional: Negative for chills and fever.
Cardiovascular: Negative for chest pain and leg swelling.
Respiratory: Negative for cough and shortness of breath.

Relevant History

Past Medical History:

Diagnosis	Date
• Deep vein thrombosis (CMS/HCC) ()	

Past Surgical History:

Procedure	Laterality	Date
• COLONOSCOPY		
• KNEE SURGERY	Right	
• TONSILECTOMY, ADENOIDECTOMY, BILATERAL MYRINGOTOMY AND TUBES		

No family history on file.

Allergies

Statins

Social History

Tobacco Use

- Smoking status: Heavy Smoker
  Types: Cigarettes
- Smokeless tobacco: Never

Vaping Use

- Vaping status: Never Used

Medications

Current Outpatient Medications:

- apixaban (ELIQUIS) 5mg tablet, Take 1 tablet (5 mg total) by mouth 2 (two) times a day. (Patient not taking: Reported on 2/5/2026), Disp: , Rfl:
- aspirin (aspirin) 81mg EC tablet, Take 1 tablet (81 mg total) by mouth daily. (Patient not taking: Reported on 9/9/2024), Disp: 30 tablet, Rfl: 11
- Cholecalciferol (Vitamin D3) 25 MCG tablet, Take by mouth. (Patient not taking: Reported on 2/5/2026), Disp: , Rfl:
- cyanocobalamin (VITAMIN B-12) 500mcg tablet, Take 2 tablets (1,000 mcg total) by mouth daily. (Patient not taking: Reported on 2/5/2026), Disp: , Rfl:
- folic acid (generic for FOLVITE) 1mg tablet, Take 1 tablet (1 mg total) by mouth daily. (Patient not taking: Reported on 2/5/2026), Disp: , Rfl:
- glipiZIDE (generic for GLUCOTROL) 10mg tablet, Take 1 tablet (10 mg total) by mouth 2 (two) times daily with breakfast and supper. (Patient not taking: Reported on 2/5/2026), Disp: , Rfl:
- ketoconazole (generic for NIZORAL) 2% cream, APPLY TO FEET TWICE A DAY (Patient not taking: No sig reported), Disp: , Rfl:
- Phenylephrine-Mineral Oil-Pet (MAJOR-PREP HEMORRHOIDAL RE), Insert into the rectum. (Patient not taking: Reported on 2/5/2026), Disp: , Rfl:
- pravastatin (Pravachol) 20mg tablet, Take 1 tablet (20 mg total) by mouth nightly., Disp: 30 tablet, Rfl: 11
- sertraline (generic for ZOLOFT) 50mg tablet, Take 1 tablet (50 mg total) by mouth daily. (Patient not taking: Reported on 2/5/2026), Disp: , Rfl:

Objective

Resp 18 | Ht 5' 10" (1.778 m) | Wt 77.6 kg (171 lb) | BMI 24.54 kg/m²

Physical Exam

Constitutional:
Appearance: Normal appearance.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Musculoskeletal:
General: No swelling or tenderness. Normal range of motion.
Neurological:
Mental Status: He is alert.

Patient was encouraged to maintain healthy BMI </=26.
If patient current smokes tobacco, negative effects of ongoing abuse discussed and counseling for cessation offered.

Benefits of daily aerobic exercise discussed with the patient, encouraging goal of 150 minutes of moderate intensity exercise/week.
Referred to AHA.org and Cardiosmart.org for further information, if desired.
If any new or worsening symptoms occur, the patient has been instructed to call the office or proceed to the ED for prompt evaluation.

Primary care physician: Dang, Tom Tien, DPM

Electronically signed by Thomas, Jennifer M, MD at 2/5/2026 10:31 AM

Note Details

Author	Thomas, Jennifer M, MD	File Time	2/5/2026 10:30 AM
Author Type	Physician	Status	Signed
Last Editor	Thomas, Jennifer M, MD	Specialty	Vascular Surgery

Office Visit on 2/5/2026 *Note shared with patient*

Additional Documentation

Vitals: Resp 18 Ht 5' 10" (1.778 m) Wt 77.6 kg (171 lb) BMI 24.54 kg/m² BSA 1.96 m²
Pain Sc 0-No pain (Edu: Yes)
Flowsheets: Fall Screening

Chart Review Routing History

No routing history on file.

Orders Placed

Vas Aorta duplex scan complete (r/o aneurysm/stenosis)
Vas Arterial duplex lower extremity bilateral

Medication Changes

As of 2/5/2026 10:02 AM

None

Visit Diagnoses

Primary: **PAD (peripheral artery disease) (CMS/HCC)** I73.9

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Aorta Duplex

Name: NATHAN R JOHNSON
MRN: 653779
Sex: male
DOB: 9/12/1960, 65 years

Exam Date: 2/5/2026
Height: ft in
Weight: lbs
BSA:

Sonographer: Timothy Madden, RDMS, RVT
Diagn.Phys.: Louis F. Knoepp, MD, FACS, RPVI
Ref. Phys: VAMC Clinic Anderson SC

Indication: pvd, occlusion of the left external iliac artery

Aorta Measurements

	Diam AP cm	Diam Trans cm	PS cm/s	ED cm/s
Aorta prox	2.53	2.42	77	
Aorta mid	1.79	1.80	61	
Aorta distal	1.42	1.48	42	1

Iliac Arteries

	PS cm/s	ED cm/s	RI
Rt CIA prox	151	2	0.99
Rt CIA distal	117	2	0.98
Lt CIA prox	52	3	0.93
Lt CIA distal	198	19	0.90

Aorta: Normal abdominal aorta measuring 1.42 cm x 1.48 cm distally; no aneurysm seen.

Right Iliac: Right common iliac artery measures within normal limits without stenosis.

Left Iliac: Left common iliac artery measures within normal limits with evidence of hemodynamically significant stenosis into the internal iliac artery. Occlusion of the left proximal external iliac artery.

Impression: **Normal abdominal aorta measuring 1.42 cm x 1.48 cm distally; no aneurysm seen. Iliac disease - significant, as described.**

Louis F. Knoepp, MD, FACS, RPVI
Reading physician
Electronically signed by Louis F. Knoepp, MD, FACS, RPVI at 1:42 PM on 2/5/2026

Timothy Madden, RDMS, RVT
Sonographer

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Lower Extremities

	RIGHT	LEFT
	PS cm/s	PS cm/s
CFA	124	34
DFA	63	37
SFA	185	38
POP	70	68
ATA	30	12
PTA	32	12

Pressure Lower

	RIGHT	LEFT
	Pressure mmHg	Pressure mmHg
Brachial	117	120
Posterior tibial	132	60
Anterior tibial	138	68
ABI	1.15	0.57

Right CFA Triphasic right common femoral artery waveform. Arterial color duplex evaluation of the right lower extremity reveals a <50% stenosis in the common femoral artery.

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Left PTA	Monophasic left posterior tibial artery waveform. Arterial color duplex evaluation of the left lower extremity reveals a <50% stenosis in the posterior tibial artery.
Left ABI	Left ankle brachial index suggests moderate degree of obstruction.
Impression	**Preserved, multiphasic arterial flow in RLE - mild findings.** **Monophasic, diminished flow noted throughout the LLE - consistent with flow limiting inflow/iliac disease.**

Louis F. Knoepp, MD, FACS, RPVI
Reading physician
Electronically signed by Louis F. Knoepp, MD, FACS, RPVI at 1:47 PM on 2/5/2026

Timothy Madden, RDMS, RVT
Sonographer