

Office Visit on Nov 19, 2025

From Steven Lahti, MD

Hide reminder from home page until Aug 18, 2026

APOLIPOPROTEIN B

Complete as directed by your provider.

Instructions

LIPID PANEL

Complete as directed by your provider.

Instructions

LIPOPROTEIN A (LP(a))

Complete as directed by your provider.

Instructions

Office Visit on Aug 12, 2025

From Steven Lahti, MD

Hide reminder from home page until Aug 18, 2026

ECHOCARDIOGRAM WITH COLORFLOW SPECTRAL DOPPLER

Complete as directed by your provider.

Instructions

LIPID PANEL

Complete as directed by your provider.

Instructions

LIPOPROTEIN A (LP(a))

Complete as directed by your provider.

Instructions

APOLIPOPROTEIN B

Complete as directed by your provider.

Instructions

COMPREHENSIVE METABOLIC PANEL

Complete as directed by your provider.

Instructions

[**Skip navigation to main content**](#)

Health Summary


Height: 167.6 cm (5' 6")
Weight: 83.6 kg (184 lb 6.4 oz)

Age: 61

Last visit: Mar 16, 2026 - Office Visit
Next visit: Jul 16, 2026 - ECHOCARDIOGRAM WITH COLORFLOW SPECTRAL DOPPLER

Condition Summaries

Hypertension →



Health Goal

You have no health goals shared with your care team.
Sharing a health goal with your care team can help them discuss your plan of care with you at future visits.

+ Add goal

Recommended Actions

You have new instructions to review for your requested APOLIPOPROTEIN B, LIPID PANEL, and LIPOPROTEIN A (LP(a)).

[View instructions](#)

You have new instructions to review for your requested ECHOCARDIOGRAM WITH COLORFLOW SPECTRAL DOPPLER, LIPID PANEL, LIPOPROTEIN A (LP(a)), and more.

[View instructions](#)

Shingles Vaccine is overdue.

[View details](#)

DTaP/Tdap/Td Vaccines is overdue.

[View details](#)

COVID-19 Vaccine is overdue.

[View details](#)

Medications

metoPROLOL succinate 25 MG 24 hr tablet
Commonly known as: Toprol-XL

atorvastatin 40 MG tablet
Commonly known as: LIPITOR

clopidogrel 75 mg tablet
Commonly known as: PLAVIX

enalapril 20 MG tablet
Commonly known as: VASOTEC

[Go to Medications](#)

Test Results

ECHOCARDIOGRAM WITH COLORFLOW SPECTRAL DOPPLER →
Jan 15, 2026

CBC
Sep 28, 2022 **Abnormal** →

BASIC METABOLIC PANEL
Sep 28, 2022 **Abnormal** →

● MRI Upper Extremity Joint Right Without Contrast →
Sep 18, 2016

+ more

[Go to Test Results](#)

Education

Acute Coronary Syndrome Education →

Cardiac Catheterization Education →

Comorbidity Education →

Wound Education →

Your Hospital Stay →


[Go to Education](#)

Current Health Issues

Heart attack

High blood pressure

Pre-diabetes



[Go to Health Issues](#)

Share My Record

You can manage and share your health information with your friends and family, healthcare providers, and more.

[Go to Sharing Hub](#)

Quick Links

Visits →

Preventive Care →

Cardiology Outpatient Visit

Patient

Marc Anthony Sodano
DOB: 6/4/1964
5049 Sunset Fairways Dr
Holly Springs NC 27540-7830
919-749-0080

PCP: Pcp, None Per Patient

Follow-up

PROBLEM-BASED IMPRESSION, DECISION-MAKING, AND PLAN

Cardiovascular Problem List:

1. **Coronary artery disease involving native coronary artery of native heart without angina pectoris**
2. H/O heart artery stent
3. Ischemic cardiomyopathy
4. Family history of coronary artery disease
5. Hyperlipidemia LDL goal <70
6. Primary hypertension
7. Cardiology follow-up encounter
8. Abnormal EKG

EKG, LABS, AND IMAGING

Results

Radiology

Chest CT angiography (2022): Ascending aortic aneurysm with maximal diameter 4.3 cm to 4.1 cm

Diagnostic

Transthoracic echocardiogram (01/2026): Ascending aortic aneurysm with maximal diameter 4.3 cm; mildly reduced left ventricular ejection fraction

Reviewed pertinent external notes. Cardiovascular exam performed with pertinent findings noted in assessment / plan. Reviewed pertinent objective data / prior tests. Reviewed and updated pertinent cardiovascular medications / prescription drug management.

Assessment & Plan

Thoracic aortic aneurysm (ascending)

Ascending aortic aneurysm 4.3 cm, low to moderate rupture risk. Prioritized strict hemodynamic control.

- Increased metoprolol succinate to 25 mg PO BID to target resting pulse 50–70 bpm and diastolic BP <80 mmHg.
- Continued enalapril 20 mg PO BID.
- Continue home BP monitoring twice daily, track 30-day average; goal average BP <130/80.
- Discussed risk of dissection/rupture and rationale for medical management at current size.
- Continue gradual increase in biking duration (target 10–15 minutes) and regular exercise as tolerated.
- Repeat transthoracic echocardiogram scheduled for January to monitor aortic size.
- Follow-up in summer to reassess BP response and titrate metoprolol if needed.

Atherosclerotic heart disease of native coronary artery, status post PCI

Coronary artery disease post PCI. No exertional angina, improved exercise tolerance.

- Continued clopidogrel 75 mg PO daily.
- Continue graded exercise/activity as tolerated.
- Report new or recurrent symptoms suggestive of ischemia, including chest pain, pressure, tightness, or persistent indigestion with exertion.

Primary hypertension

Chronic hypertension with improved but suboptimal control. Tighter control needed due to comorbid conditions.

- Increased metoprolol succinate to 25 mg PO BID.
- Continued enalapril 20 mg PO BID.
- Follow low sodium, higher potassium diet, emphasizing sodium content in prepared and restaurant foods.
- Continue BP monitoring twice daily, focus on 30-day average; goal <130/80.
- Follow-up in summer to confirm BP improvement and adjust therapy as needed.

Hyperlipidemia

Managed with high-intensity statin therapy for secondary prevention post-myocardial infarction/PCI. No side effects reported.

- **Continued atorvastatin 40 mg PO daily.**

Return in about 3 months (around 6/16/2026).

Recommend f/u with PCP for continued / established care and annual screening including labs, testing, and health

Steven John Lahti, MD
North Carolina Heart and Vascular
781 AVENT FERRY ROAD
STE 212
HOLLY SPRINGS NC 27540-7776
919-784-3100
3/16/2026, 4:24 PM

RELEVANT HISTORY

History of Present Illness

Marc Anthony Sodano is a 61 year old male with ascending thoracic aortic aneurysm and coronary artery disease s/p PCI

Over the past 2–3 weeks he has increased activity, starting weightlifting and stationary biking (progressing from ~5 minute walk; he does not run. He reports feeling better overall, with less joint discomfort in his hips and ankles and finds it easier to He denies lightheadedness or feeling faint while exercising and is not concerned about passing out in the gym.

No chest pain, pressure, or tightness. He has left pectoral discomfort with lifting that he feels is musculoskeletal. In 2022, h without chest pressure or arm soreness at the time of his myocardial infarction and has not had recurrent persistent indige

He checks and records home blood pressures twice daily; recent readings typically ~130–138 systolic with diastolic ~98–1 160/110. He notes prior systolic blood pressures were as high as ~190–210.

For his aortic aneurysm, he has limited understanding of the diagnosis but recalls prior imaging including CT in 2022 and a ascending aorta reported ~4.1–4.3 cm.

He takes enalapril 20 mg twice daily, metoprolol 25 mg daily, atorvastatin 40 mg daily, and clopidogrel daily (most in the m soreness he uses acetaminophen and generally avoids ibuprofen and minimizes OTC cold medication use.

PFSH

PMH: He has ST elevation myocardial infarction (STEMI) (CMS-HCC) and Primary hypertension on their problem list.	PSH: He has a past surgical history that includes pr cath place/coron angio, img super/interp,w left heart ventriculography (N/A, 9/26/2022).
FH: His family history is not on file.	SH: He reports that he has never smoked. He has never used smokeless tobacco. He reports current alcohol use of about 3.0 standard drinks of alcohol per week. He reports that he does not use drugs.
Home Address 5049 Sunset Fairways Dr Holly Springs NC 27540-7830	Employer Aqua Security
Emergency Contacts Emergency Contacts	

None on File				
Other Contacts				
Name	Relation	Home	Work	Mobile
Sodano, Nancy	Spouse	919-971-4014		919-971-4014

MEDICATIONS

Medications						
Medications - Current, Listed Continuously						
• atorvastatin (LIPITOR) 40 MG tablet	Take 1 tablet (40 mg total) by mouth daily.					
• clopidogrel (PLAVIX) 75 mg tablet	Take 1 tablet (75 mg total) by mouth daily.					
• enalapril (VASOTEC) 20 MG tablet	Take 1 tablet (20 mg total) by mouth two (2) times a day.					
• metoPROLOL succinate (TOPROL-XL) 25 MG 24 hr tablet	Take 1 tablet (25 mg total) by mouth two (2) times a day.					
<u>New Prescriptions</u>	<u>Modified Medications</u>	<u>Discontinued Medications</u>				
No medications on file	<table border="1"> <thead> <tr> <th>Modified Medication</th> <th>Previous Medication</th> </tr> </thead> <tbody> <tr> <td>METOPROLOL SUCCINATE (TOPROL-XL) 25 MG 24 HR TABLET Take 1 tablet (25 mg total) by mouth two (2) times a day.</td> <td>metoPROLOL succinate (TOPROL-XL) 25 MG 24 hr tablet Take 1 tablet (25 mg total) by mouth daily.</td> </tr> </tbody> </table>	Modified Medication	Previous Medication	METOPROLOL SUCCINATE (TOPROL-XL) 25 MG 24 HR TABLET Take 1 tablet (25 mg total) by mouth two (2) times a day.	metoPROLOL succinate (TOPROL-XL) 25 MG 24 hr tablet Take 1 tablet (25 mg total) by mouth daily.	No medications on file
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Allergies						
He is allergic to penicillins.						

RISK FACTORS

Vitals BP 129/100 Pulse 76 Ht 167.6 cm (5' 6") Wt 83.6 kg (184 lb 6.4 oz) BMI 29.76 kg/m ²	ASCVD Risk The ASCVD Risk score (Arnett DK, et al., 2019) failed to calculate.						
Blood pressure BP Readings from Last 6 Encounters: 03/16/26 129/100 11/19/25 148/88	Glucose Lab Results <table border="1"> <thead> <tr> <th>Component</th> <th>Value</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>A1C</td> <td>5.7 (H)</td> <td>09/26/2022</td> </tr> </tbody> </table>	Component	Value	Date	A1C	5.7 (H)	09/26/2022
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EXAM

Vitals:

03/16/26 1507

BP: 129/100

Pulse: 76

BP Readings from Last 3 Encounters:

03/16/26 129/100

11/19/25 148/88

08/12/25 142/84

Wt Readings from Last 3 Encounters:

03/16/26 83.6 kg (184 lb 6.4 oz)

11/19/25 81.6 kg (180 lb)

08/12/25 84.6 kg (186 lb 6.4 oz)

Body mass index is 29.76 kg/m².

metoPROLOL succinate 25 MG 24 hr tablet

Commonly known as: Toprol-XL

[Learn more](#)

Take 1 tablet (25 mg total) by mouth two (2) times a day.

Prescription Details

Prescribed March 16, 2026
Approved by [Steven Lahti, MD](#)

Refill Details

Quantity 200 tablets
Day supply 100

Pharmacy Details

CVS/pharmacy #5886 - APEX, NC - 5153 SUNSET LAKE RD AT SUNSET LAKE COMMONS
5153 SUNSET LAKE RD, APEX NC 27539
919-290-2630

 [Request refill](#)

 [Remove](#)

atorvastatin 40 MG tablet

Commonly known as: LIPITOR

[Learn more](#)

Take 1 tablet (40 mg total) by mouth daily.

Prescription Details

Prescribed November 19, 2025
Approved by [Steven Lahti, MD](#)

Refill Details

Quantity 90 tablets
Day supply 90

Pharmacy Details

CVS/pharmacy #5886 - APEX, NC - 5153 SUNSET LAKE RD AT SUNSET LAKE COMMONS
5153 SUNSET LAKE RD, APEX NC 27539
919-290-2630

 [Request refill](#)

 [Remove](#)

clopidogrel 75 mg tablet

Commonly known as: PLAVIX

[Learn more](#)

Take 1 tablet (75 mg total) by mouth daily.

Prescription Details

Prescribed November 19, 2025
Approved by [Steven Lahti, MD](#)

Refill Details

Quantity 90 tablets
Day supply 90

Pharmacy Details

CVS/pharmacy #5886 - APEX, NC - 5153 SUNSET LAKE RD AT SUNSET LAKE COMMONS
5153 SUNSET LAKE RD, APEX NC 27539
919-290-2630

 [Request refill](#)

 [Remove](#)

enalapril 20 MG tablet

Commonly known as: VASOTEC

[Learn more](#)

Take 1 tablet (20 mg total) by mouth two (2) times a day.

Prescription Details

Prescribed November 19, 2025
Approved by [Steven Lahti, MD](#)

Refill Details

Quantity 180 tablets
Day supply 90

Pharmacy Details

CVS/pharmacy #5886 - APEX, NC - 5153 SUNSET LAKE RD AT SUNSET LAKE COMMONS
5153 SUNSET LAKE RD, APEX NC 27539

BASIC METABOLIC PANEL

Collected on Sep 28, 2022 3:24 AM

Results

Compare result trends

Sodium

Normal range: 136 - 145 mmol/L

134 Low



View trends

Potassium

Normal range: 3.5 - 5.1 mmol/L

3.9



View trends

Chloride

Normal range: 98 - 107 mmol/L

104



View trends

CO2

Normal range: 20.0 - 31.0 mmol/L

25



View trends

Anion Gap

Normal range: 3 - 11 mmol/L

5



View trends

BUN

Normal range: 9 - 23 mg/dL

13



View trends

Creatinine

Normal range: 0.60 - 1.10 mg/dL

1.11 High



View trends

BUN/Creatinine Ratio

Value 12

View trends

eGFR CKD-EPI (2021) Male

Normal range: 60 mL/min/1.73m2 or above

77



View trends

Glucose

Normal range: 70 - 99 mg/dL

100 High



View trends

eGFR calculated with CKD-EPI 2021 equation in accordance with National Kidney Foundation and American Society of Nephrology Task Force recommendations.

Calcium

Normal range: 8.7 - 10.4 mg/dL

9.3



View trends

CBC

Collected on Sep 28, 2022 3:24 AM

Results

[Compare result trends](#)

WBC

Normal range: 3.5 - 10.5 $10^9/L$

[View trends](#)

12.6 High



RBC

Normal range: 4.32 - 5.72 $10^{12}/L$

[View trends](#)

4.83



HGB

Normal range: 13.5 - 17.5 g/dL

[View trends](#)

13.9



HCT

Normal range: 38.0 - 50.0 %

[View trends](#)

41.3



MCV

Normal range: 81.0 - 95.0 fL

[View trends](#)

85.4



MCH

Normal range: 26.0 - 34.0 pg

[View trends](#)

28.8



MCHC

Normal range: 30.0 - 36.0 g/dL

[View trends](#)

33.7



RDW

Normal range: 12.0 - 15.0 %

[View trends](#)

13.6



MPV

Normal range: 7.0 - 10.0 fL

[View trends](#)

7.6



Platelet

Normal range: 150 - 450 $10^9/L$

[View trends](#)

333

