SPECIAL ORDERS NUMBER 173 EXTRACT

11 August 1971

MUZA, LOUIS S. 199 24 8927 SFC 63Z5H MHCO(WOQ5HD)VFGH PA 19460

ADMINISTRATIVE ACCOUNTING DATA

Auth: AR 635-40

HOR: New Cumberland Pennsylvania

Acc lv: Unknown PCS MDC: 3AE2

FOR THE INDIVIDUAL

Assigned to: Box 1238RD #1 Etters Pennsylvania 17319

Effective date: 11 August 1971

Special Instructions: Active duty ID card has been surrendered at this station.

Request this order be honored in lieu of ID card until

Retired - 90 days

Weapon/Firearm will not be transported incident to travel.



HERMAN E. RICHARDSON LTC, MSC ADJUTANT

R HAHN MAJ, MSC ASST ADJUTANT DISTRIBUTION: 20 - Trf Pt

VF Form 5172 (Rev) 31 Oct 69

DEPARTMENT OF THE ARMY OFFICE OF THE ADJUTANT GENERAL Washington, D.C. 20315

AGPO-R

7 Sep 71

LETTER ORDERS NUMBER D 9-275

SUBJECT: Enlisted Disability Retirement

SFC LOUIS S. MUZA 199-24-8927 63Z5H Valley Forge General Hospital Phoenixville, PA 19460

TC 375. The above named individual having been determined to be PERMANENTLY unfit for duty by reason of physical disability, is relieved from assignment and duty and placed on the RETIRED LIST as indicated.

ADMINISTRATIVE ACCOUNTING DATA

Auth (Ret): 10 USC 1201

SPN: 271

Eff date (REFRAD): 14 Sep 71

Place ret: Etters, PA

PCS MDC: 7BE2

FOR THE INDIVIDUAL

Date placed on retired list: 15 Sep 71

Detinal and CEC

Retired grade: SFC Percentage of disability: 60%

Special Instructions (APPENDIX B, AR 310-10): 83

BY ORDER OF THE SECRETARY OF THE ARMY:

/s/ J. SLONE Adjutant General

A TRUE COPY

R HAMN MAJ, MSC

DISTRIBUTION:

60 - Trf Pt

2 - Finance

1 ea - Mil Pers Br; Msg Ctr; C, Tng Br; Registrar; Adj's Ofc; MHCo; Army Community Svc Div; Family Housing Svc Div; MR. LAWRENCE, Bldg 62.

MEDICAL BOARD PROCEEDINGS				Valley Forge General							
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R.D. #1, Box 123-B	123-B			8. DEPARTMENT OR SERVICE							
Etters, Pennsylvania 17319			U.S. Army								
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CLINICAL RECORD

DATE OF ADMISSION

NARRATIVE SUMMARY

DATE OF DISCHARGE NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

MILITARY HISTORY: 18-1/2 years Active Duty. MOS 63ZH Maintenance Instructor E7. Most recently stationed at Asamara, Ethiopia.

SOCIAL AND FAMILY HISTORY: Smokes 2 packs a day, none since his heart attack. Occasional alcohol. Mother died of renal failure, father had an MI at age 56. One brother died suddenly after chest accident and one brother died of war injuries.

PAST MEDICAL HISTORY: Previous surgery for hemorrhoids, appendectomy. Had carbon monoxide poisoning while stationed in Alaska in 1965, without residual. No medications. No known allergies.

REVIEW OF SYSTEMS: High frequency hearing loss with an H-2 profile.

Chronic laryngitis. History of choroidoretinitis in the past with blurred vision on the left. Mild morning cough without shortness of breath. Hemorrhoids.

PRESENT ILLNESS: This 40-year-old male developed the sudden onset of gripping chest pain which awakened the patient at about 0300 hours 11 Mar. He had noted 3 or 4 attacks of much milder pain in the previous 6 - 8 months and at the time of his sudden illness he was quite depressed because of the news that 3 of the patient's good friends were shot down and killed in an air crash. He was admitted to the hospital in Asamara and abnormalities of the electrocardiogram were noted. He was placed at bed rest with gradual ambulation and had a benign course of post myocardial infarction. Since his discharge he has had occasional left chest pain without shortness of breath relieved by standing still. Nitroglycerin takes approximately 10 minutes to relieve the pain. Since the time of his myocardial infarction, his weight had gone up from 191 to 208 lbs and he has required 4 to 5 nitroglycerin a week for relief of exertional chest pain.

PHYSICAL EXAMINATION: Well-nourished, well-developed male in no acute distress, blood pressure 132/88, pulse 78. Weight 208. Eyes - pupils equal and reactive to light and accommodation. Fundi benign. Ears - tympanic membrane intact. Nose clear. Throat - enlarged tonsils without exudates. Neck - supple, shotty nodes. Chest - equal expansion bilaterally, few basal rhonchi which clear with coughing. No rales. Heart - PMI in the 5th intercostal space midclavicular line, A2 greater than P2. Grade I/VI left sternal border murmur with ejection quality without change in respiration. No gout, Abdomen - liver, spleen, kidneys not palpable.

(Use additional sheets of this form (Standard Form 502) if more space is required)

NORMAN P SILVERS MAJ MC

DATE

25 May 71 DENTIFICATION NO. ORGANIZATION

199-24-8927

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)

MUZA, Louis S.

SFC SFC

VALLEY FORGE GENERAL HOSPITAL PHOENIXVILLE, PENNSYLVANIA

NARRATIVE SUMMARY Standard Form 502 aard Form 502 sev, August 1954 sureau of the Budget Circular A-32

DATE OF ADMISSION

CLINICAL RECORD

DATE OF DISCHARGE

NARRATIVE SUMMARY

NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narratire)

Bowel sounds active, no rebound or tenderness. Back - without CVA tenderness or pain. Spine straight. Testes - descended bilaterally, firm; uncircumcised male. Rectal - 1+ prostate with small hemorrhoids. Extremities - good pulses, no joint pain.

Neurologic testing - deep tendon reflexes intact. Decreased pain sensation over the lateral thigh. Other sensory testing intact. Cerebellar - no nystagmus or tremor. Motor - good, equal strength.

LABORATORY DATA: Chest x-ray normal. STS nonreactive. White count 6400, 46 neutrophils, 50 lymphs, 4 eos, hematocrit 40. Urinalysis normal. BUN 18. 2 hr PC blood sugar 90. Triglycerides 363. Cholesterol 322. Serum cloudy, type III hyperlipidemia. EKG showed ST elevation lead 3 and F with depression in aVL, T inversion aVL and V2, QS in V1 to 2 with a Q in V3 to 5. Old anteroseptal damage with question of inferior pericardial disease.

CONSULTATIONS: Ophthalmological Consultant found pigmentation around the vortex veins of the fundus with disk and fundic vessels normal. Diagnosis: Entropic phenomenon without evidence of choroidoretinitis is made and no profile.

Hearing Consultant found a mild high frequency hearing loss.

HOSPITAL COURSE: Patient required approximately 2 or 3 nitroglycerin every 3 days for relief of pain of a typical anginal nature which occurred after prolonged walking or mild exercise. He was sent home on 3 day pass and required only one nitroglycerin during that period of time and seemed to be able to climb a flight of steps without difficulty. His elevated lipids were noted and the diet was changed to a reducing 1600 cal. type III hyperlipidemic diet which he was placed on 13 May. By the time of dictation his weight had dropped to 202 pounds.

PRESENT CONDITION: At present, Sgt. Muza has mild angina with moderate exertion relieved by nitroglycerin. He continues to be somewhat overweight but it is hoped that with remaining on diet that this will improve, as

	NORMAN P SILVERS MAJ MC	25 May 71	199-24-8927	ORGANIZATION	
PA	MUZA, Louis S. SFC	entries give: Name-L dical facility)		STER NO.	WARD NO.
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CLINICAL RECORD

DATE OF ADMISSION

NARRATIVE SUMMARY

DATE OF DISCHARGE

NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

3

DIAGNOSES: 1.

- Arteriosclerotic cardiac disease, status post anterior myocardial infarction with anginal syndrome, American Heart Association Classification II-B.
- 2. Anxiety reaction, mild.
- 3. Meralgia paresthetica.
- 4. High frequency hearing loss.
- 5. Hyperlipidemia, under dietary therapy.

RECOMMENDATIONS: This patient is unfit for further military service under AR 40-501, Section XI, 3-21a. However, because of his relatively asymptomatic condition the Medical Board feels that a waiver should be granted for additional Service time. It is recommended that he be presented to a Physical Evaluation Board for final determination. Assignment limitations are as follows: No crawling, stooping, running, jumping, prolonged standing or marching. No strenuous physical activity. No assignment to isolated areas where definitive medical care is not available. (MAAG - Military Missions, etc.).

Additional Diagnoses: 6. Tinnitus.

- 7. Myopia, bilateral.
- 8. Presbyopia, bilateral.

TURE OF PRYSICIAL MAJ MC DATE DATE DENTIFICATION NO. ORGANIZATION NORMAN R SILVERS MAJ MC 25 May 71 199-24-8927

PATIENT'S IDENTIFICATION (For typed or writen entries give: Name-last, first, middle; grade; date; hospita/or medical facility)

REGISTER NO.

WARD NO.

MUZA, Louis S. SFC VALLEY FORGE GENERAL HOSPITAL

PHOENIXVILLE, PENNSYLVANIA

NARRATIVE SUMMARY Standard Form 502 502-107-02 August 1954 August 1954 Peau of the Budset Circular A—32

CLINICAL RECORD

DATE OF ADMISSION

NARRATIVE SUMMARY

DATE OF DISCHARGE

NUMBER OF DAYS HOSPITALIZED

Standard Form 502 502-107-02

(Sign and date at end of narrative)

-4-

On 8 Jun 71, while resting in bed, the patient developed acute left anterior precordial chest pain lasting 15-20 minutes, not relieved by nitroglycerin and associated with diaphoresis. Subsequently, serial electrocardiographic studies and enzyme studies documented the second episode of myocardial infarction in the lateral wall. EKG on 9 Jun 71 showed inversion of T-wave in I, AVL and V_{5-6} associated with CPK 790, LDH 1410 and SGOT 309.

His recovery was uncomplicated with no signs of congestive heart failure or arrhythmia. He was granted a month of convalescent leave on 25 Jun 71.

PRESENT CONDITION: He seems to have recovered uneventfully from the second episode of myocardial infarction. His cardiac status remains as II-B. to C.

DIAGNOSIS: Myocardial infarction, lateral, second episode, sustained on 8 Jun 71, with subsequent anginal attacks 1-2 times a week.

RECOMMENDATIONS: In accordance to AR 40-501, Chap. 3-21, Para. a, the patient is unfit for retention in the Army. Despite his second myocardial infarction, he remains relatively symptom free. Therefore, it is the recommendation of this examiner that a waiver be granted for an additional 1½ years of service time. The patient is to be referred to a Physical Evaluation Board for final determination.

(Use ac	ditiona	Ishbe	ts of the	is form (Stand	ard Form 502)	if more	space is required)	
YOSHIRO MATSUO,	MAJ,	MOA	Mul	7 Jul 71	199-24-8	ION NO.	ORGANIZATION	
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Valley Forge Ger Phoenixville, P		Hosp	ital					NARRATIVE SUMMARY

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