

Philosophy of Care

Dr. Kesarwani values patient care above all else. He is always willing to take the time necessary to understand the needs and concerns of the patient before him. This involves careful listening and attention to the patient, providing detailed explanations of the treatments being offered, and using a shared-decision making approach in developing a patient-care plan. He is also a firm believer in providing compassionate, individual-based care to his patients. Ultimately, Dr. Kesarwani works to ensure that his patients receive the best possible care in the same way he would want for his own family.

Clinical Interests

Dr. Kesarwani is a board-certified physician in Internal Medicine, Cardiovascular Disease, and Interventional Cardiology. Living by the mantra "patient comes first", Dr. Kesarwani focuses on providing patient-centered care and always utilizes a shared decision-making approach. He also delivers compassionate care to patients with various cardiovascular conditions, including coronary artery disease, structural heart/valvular abnormalities (e.g., hypertrophic cardiomyopathy, aortic stenosis), hypertension, and high cholesterol. He has special clinical interest and expertise in the physiologic assessment of coronary stenosis (i.e, FFR/iFR/RFR), intracoronary imaging (e.g., IVUS/OCT/NIRS), coronary atherectomy, and complex coronary interventions via the radial artery in the wrist.

Research/Academic Interests

Dr. Kesarwani's research focuses on improving cardiovascular outcomes through direct participation in observational studies and clinical trials. He is particularly interested in practice patterns in interventional cadiology that decrease cardiovascular morbidity and mortality with techniques that range from transradial cardiac catheterization to the full spectrum of analyses in coronary physiology. Helping to reduce racial disparities in the management of patients with coronary artery disease is another important research interest in his practice. In addition, Dr. Kesarwani is very passionate about teaching the next generation of cardiovascular specialists as the head instructor for the cardiovascular pathophysiology course in the UC Davis School of Medicine. He is also closely involved in the clinical education of medical students, residents, and cardiovascular disease/interventional cardiology fellows.

Title Health Sciences Clinical Associate Professor

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Specialty Internal Medicine, <u>Cardiovascular Medicine</u>, Interventional Cardiology

Department <u>Internal Medicine</u>

Division Cardiovascular Medicine





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Languages Spanish

Education M.D., UC Irvine College of Medicine, Irvine CA 2006

B.A., Molecular and Cell Biology with Emphasis in Biochemistry, UC Berkeley, Berkeley CA 2001

Internships Internal Medicine, Harbor - UCLA Medical Center, Torrance CA 2006-2007

Residency Internal Medicine, Harbor - UCLA Medical Center, Torrance CA 2007-2010

Fellowships Interventional Cardiology, UC San Francisco, San Francisco CA 2013-2015

Cardiovascular Disease, University of Washington, Seattle WA 2010-2013

Board Certifications American Board of Internal Medicine

American Board of Internal Medicine, Cardiovascular Disease American Board of Internal Medicine, Interventional Cardiology

Professional Memberships American College of Cardiology, Fellow

Society of Coronary Angiography and Interventions, Fellow

Honors and Awards UC Davis Medical Center Nursing Excellence Award ("Friends of Nursing" Category), 2019

American College of Cardiology Elite Fellows-In-Training Rising Star Award, 2014

Letter of Commendation for Excellence in Medical Student Teaching from the UCLA David Geffen

School of Medicine, 2009

Select Recent Publications Kesarwani M. In patients with high bleeding risk, 1 vs. 3 mo of DAPT after complex or

noncomplex PCI did not differ for clinical events. Ann Intern Med. 2022 Oct;175(10):JC112. doi:

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Kesarwani M. Stopping aspirin 1 to 3 mo after PCI reduces bleeding without increasing MACE vs. continued DAPT. Ann Intern Med. 2020 Dec 15;173(12):JC64. doi:10.7326/ACPJ202012150-064. PMID:33316184.

Chiou A, Aman E, Kesarwani M. A case report of an infiltrative cardiomyopathy in everyday practice: a specific cause that cannot be missed in the elderly. Eur Heart J Case Rep. 2020 Nov 24; 4(6):1-6. doi:10.1093/ehjcr/ytaa382. PMID:33442642.

Kesarwani M. Out-of-Hospital Cardiac Arrest Due to a Concealed Diagnosis. JACC Case Rep. 2019 Sep 18;1(3):339-342. doi:10.1016/j.jaccas.2019.07.019. PMID:34316821.

Kesarwani M, Nakanishi R, Choi TY, Shavelle DM, Budoff MJ. Evaluation of Plaque Morphology by 64-Slice Coronary Computed Tomographic Angiography Compared to Intravascular Ultrasound in Nonocclusive Segments of Coronary Arteries. Acad Radiol. 2017 Aug;24(8):968-974. doi:10.1016/j.acra.2017.03.001. Epub 2017 Mar 27. PMID:28359681.

Kesarwani M, Ports TA, Rao RK, Mahadevan VS. First-in-Human Transcatheter Pulmonic Valve Implantation Through a Tricuspid Valve Bioprosthesis to Treat Native Pulmonary Valve Regurgitation Caused by Carcinoid Syndrome. JACC Cardiovasc Interv. 2015 Aug 24;8(10):e161-e163. doi:10.1016/j.jcin.2015.03.032. PMID:26315750.

Soni K, Kesarwani M, Badhwar N, Mahadevan VS. Percutaneous Closure of a Residual Left Atrial Appendage Leak After Lariat Procedure. JACC Cardiovasc Interv. 2015 Jun;8(7):998-1000. doi: 10.1016/j.jcin.2015.03.019. Epub 2015 May 20. PMID:26003017.

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Kesarwani M, Perez A, Lopez VA, Wong ND, Franklin SS. Cardiovascular comorbidities and blood pressure control in stroke survivors. J Hypertens. 2009 May;27(5):1056-63. doi:10.1097/hjh. 0b013e32832935ce. PMID:19405168.

Kesarwani M. Beta-Blocker Therapy for Acute Myocardial Infraction and Stable Coronary Artery Disease: Current Issues and Outcomes, Richards, JR, (ed). Beta-Blockers: Physiological, Pharmacological and Therapeutic Implications, Nova Science Publishers. 2018 Jan 1:287-298.

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