

PATIENT INFORMATION

- **Medical Record Number:** MRN-IND000002
- **Date Created:** 03/15/2025
- **Last Updated:** 04/20/2025
- **Full Name:** Arjun Singh
- **Date of Birth:** 05/20/1955
- **Age:** 69
- **Sex:** Male
- **Address:** 55, Sector 17, Chandigarh 160017
- **Phone:** (Cell) 99XXXXXX11
- **Email:** arjun.s55@email.com
- **Preferred Contact Method:** Phone
- **Preferred Language:** Punjabi, English
- **Emergency Contact:** Kiran Singh (Wife), 99XXXXXX12
- **Insurance:** Central Government Health Scheme (CGHS)
- **Primary Care Provider:** Dr. Ravi Verma, MD, PGIMER Chandigarh

ALLERGIES AND ADVERSE REACTIONS

- Sulfa Drugs: Hives, Moderate (Identified 2005)
-
- Iodine Contrast: Flushing, Mild (Identified 2018)

MEDICATIONS

- Aspirin: 75 mg Once daily (Started 2019, Dr. Verma, CAD prevention)
- Atorvastatin: 20 mg Once daily (Started 2019, Dr. Verma, Hyperlipidemia)
- Metoprolol: 25 mg Twice daily (Started 2019, Dr. Verma, Post-MI, Hypertension)
- Ramipril: 5 mg Once daily (Started 2020, Dr. Verma, Hypertension, Post-MI)
- Tamsulosin: 0.4 mg Once daily at bedtime (Started 2022, Dr. Puri - Urologist, BPH)

IMMUNIZATION RECORD

- Influenza: 11/2024
- Tdap: 05/2018
- COVID-19 (Booster): 12/2024
- Pneumococcal (PPSV23): 05/2020
- Shingrix: Completed series 2023

MEDICAL HISTORY

- **Chronic Conditions:** Coronary Artery Disease (CAD) s/p MI (2019), Hypertension (Diagnosed 2015), Hyperlipidemia (Diagnosed 2015), Benign Prostatic Hyperplasia (BPH) (Diagnosed 2022)
- **Past Medical History:** Appendectomy (1980)
- **Surgical History:** Coronary Angioplasty with Stent (LAD) (2019, Dr. Kapoor - Cardiologist)

FAMILY HISTORY

- Father: Deceased at 75 (Heart Attack)
- Mother: Deceased at 80 (Stroke)
- Sister: 65, Living (Type 2 Diabetes)

SOCIAL HISTORY

- **Substance Use:** Former smoker (quit 2019 after MI, 1 pack/day for 30 yrs). Alcohol: 2-3 drinks/week. 2 cups tea daily.
- **Occupation:** Retired (Government Officer)
- **Exercise:** Walks 45 mins daily.
- **Diet:** Reduced salt and fat, follows cardiac diet recommendations.
- **Living Situation:** Lives with wife.

REVIEW OF SYSTEMS (Latest: 04/05/2025)

- Reports stable angina with significant exertion (walking uphill fast), relieved by rest. No recent hospitalizations. Reports mild nocturia (1-2 times/night).

PHYSICAL EXAMINATION (Latest: 04/05/2025)

- **Vital Signs:** BP 135/80 mmHg, HR 65 bpm, RR 16/min, Temp 98.0°F, Wt 80 kg, Ht 175 cm, BMI 26.1
-
- **General:** Alert, NAD.
- **Exam:** Faint carotid bruit (L). Clear lungs. Regular heart rhythm, no murmur. Abdomen soft. DRE: Prostate moderately enlarged, smooth, non-tender.

LABORATORY DATA (Latest: 04/05/2025)

- CBC: WNL
- CMP: Creatinine 1.0 mg/dL, K+ 4.1 mmol/L
- Lipid Panel: TC 160, LDL 90, HDL 40, TG 155
- PSA: 1.8 ng/mL (Stable from previous)

DIAGNOSTIC IMAGING AND PROCEDURES

- Echocardiogram (02/2025): LVEF 50%, Mild LVH, No significant valve issues.

Interpretation

General: A routine transthoracic echocardiogram was performed. Fully diagnostic study.

Aortic Valve: The aortic valve is normal and trileaflet.

Left Atrium: The left atrium is normal. LA M-mode: 3.3 cm.

Mitral Valve: The mitral valve is normal.

Right Atrium: The right atrium is normal.

Right Ventricle: The right ventricle is normal in size with normal function.

Tricuspid Valve: The tricuspid valve is normal. There is mild tricuspid regurgitation which is centrally directed, RASP= 27 mmHg, RAP=10mmHg.

Pulmonic Valve: The pulmonic valve is normal.

Pulmon Artery: The pulmonary artery is normal.

Atrial Septum: The interatrial septum is normal.

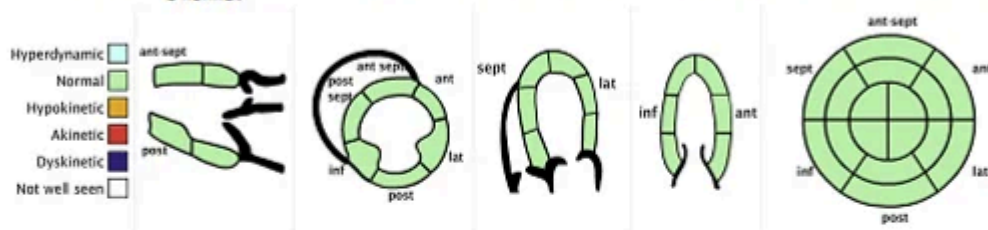
Left Ventricle: The left ventricle is normal in size with normal function. The ejection fraction is 65 %. The left ventricular wall motion is normal.

Walls		Chamber		Systolic Function
IVSd: 1cm	0.6-1.1cm	LVIDd: 4.5cm	3.7-5.6 cm	FS: 47 %
IVSs: 1.4cm	0.8-2.0cm	LVIDdI: 2.24cm/m2		EF: 65 % >50%
PWd: 0.9cm	0.6-1.1cm	LVIDs: 2.4cm	1.8-4.2 cm	
PWs: 1.3cm	0.8-2.0cm	LVIDsI: 1.19cm/m2		
Mass		RWT: 0.4	<0.42	
Linear: 143g				
LVMI: 71g/m ² 50-95g/m ²				

Pericardium: The pericardium is normal.

Aorta: The aorta is normal. Aortic dimension - Ao M-mode= 3.1cm.

Vena Cava: The inferior vena cava is normal. There is greater than 50% inspiratory collapse of the IVC. The superior vena cava is normal.



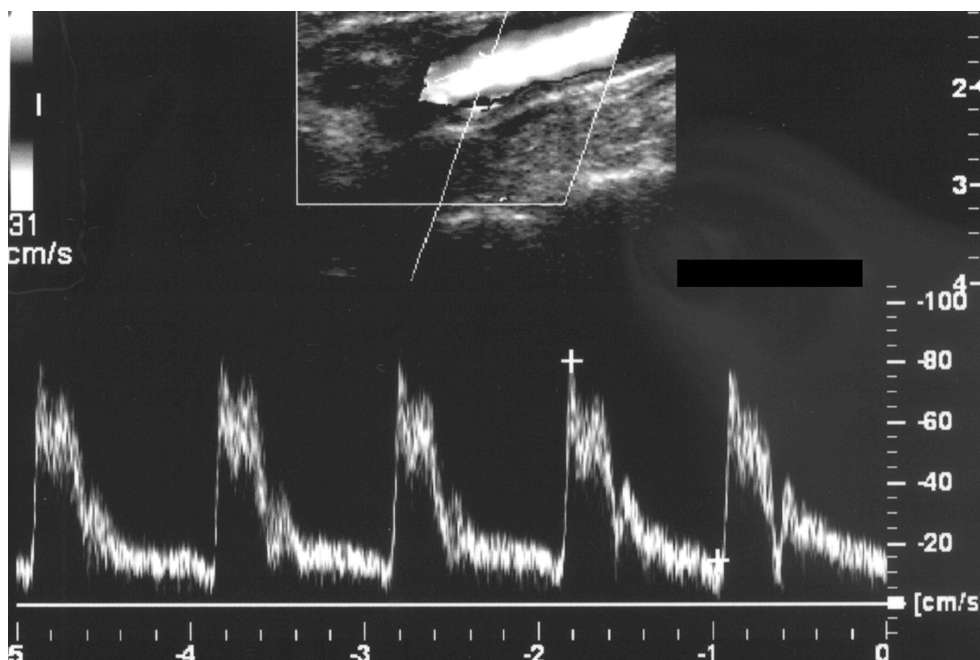
CONCLUSION

Normal left ventricular function. No regional wall motion abnormalities are noted in the left ventricle. Normal right ventricular size with normal function. Normal left atrium. Normal right atrium. Normal, trileaflet aortic valve. Normal mitral valve. Normal tricuspid valve. Normal PA pressure. Normal pulmonic valve. When compared with the previous study,

Craig H. Scott MD

Craig H. Scott, MD, FACC, FASE

- Stress Test (TMT) (02/2025): Positive for ischemia at high workload.
- Carotid Doppler (11/2024): Mild (30%) stenosis left carotid artery.



PROBLEM LIST

1. Coronary Artery Disease (I25.10) s/p MI & PCI - Active, Stable Angina
2. Hypertension (I10) - Active, Controlled
3. Hyperlipidemia (E78.5) - Active, Controlled
4. Benign Prostatic Hyperplasia (N40.1) - Active, Controlled with medication
5. History of Tobacco Use (Z87.891) - Resolved