

This cardiology consultation note pertains to a 63-year-old male who presented with progressive exertional dyspnea and occasional palpitations over the last three months. The patient has a background history of long-standing hypertension, hyperlipidemia, and a remote history of smoking. He denies syncope, orthopnea, or paroxysmal nocturnal dyspnea but reports reduced exercise tolerance, now limited to walking one block on level ground.

On examination, blood pressure was 148 over 92 mmHg, with an irregularly irregular pulse at 96 beats per minute. Auscultation of the chest revealed a soft systolic murmur at the apex without radiation. Baseline electrocardiogram demonstrated atrial fibrillation with controlled ventricular rate. Transthoracic echocardiography showed moderate left atrial enlargement, normal left ventricular systolic function, and mild mitral regurgitation.

The assessment is atrial fibrillation likely related to hypertensive heart disease. The management plan includes initiation of oral anticoagulation to reduce stroke risk, optimization of blood pressure control, and discussion of rate versus rhythm control strategies. The patient was counseled about lifestyle modifications, including salt restriction, weight reduction, and regular physical activity as tolerated. A follow-up visit is scheduled in four weeks to review symptom control, heart rate, and laboratory parameters, including renal function and coagulation profile.