CARDIOLOGY CONSULTATION REPORT

## Patient Information:

**Patient:** John Michael Thompson  
**DOB:** 07/22/1958 (Age: 65)  
**MRN:** 87654321  
**Date of Consultation:** 2024-01-25  
**Referring Physician:** Dr. Amanda Rodriguez, Internal Medicine  
**Consulting Cardiologist:** Dr. Robert Kim, MD, FACC

## Chief Complaint:

Chest pain and shortness of breath on exertion for 3 weeks

## History of Present Illness:

Mr. Thompson is a 65-year-old male with a history of hypertension, hyperlipidemia, and type 2 diabetes mellitus who presents with a 3-week history of substernal chest pain and dyspnea on exertion. The chest pain is described as pressure-like, radiating to the left arm, and is precipitated by walking up stairs or moderate physical activity. The pain resolves with rest after 5-10 minutes. He denies chest pain at rest, orthopnea, paroxysmal nocturnal dyspnea, or lower extremity edema. He has not experienced similar symptoms previously.

## Past Medical History:

• Essential hypertension (diagnosed 2015)  
• Type 2 diabetes mellitus (diagnosed 2018)  
• Hyperlipidemia (diagnosed 2016)  
• Benign prostatic hyperplasia  
• Osteoarthritis of knees

## Current Medications:

1. Lisinopril 10 mg daily  
2. Metformin 1000 mg twice daily  
3. Atorvastatin 40 mg daily  
4. Aspirin 81 mg daily  
5. Tamsulosin 0.4 mg daily

## Physical Examination:

|  |  |
| --- | --- |
| Vital Signs | Values |
| Blood Pressure | 156/92 mmHg |
| Heart Rate | 84 bpm, regular |
| Temperature | 98.6°F (37.0°C) |
| Respiratory Rate | 16/min |
| Oxygen Saturation | 97% on room air |
| Weight | 195 lbs (88.5 kg) |
| BMI | 28.5 kg/m² |

**General:** Well-appearing male in no acute distress  
**Cardiovascular:** Regular rate and rhythm, S1 and S2 normal, no murmurs, rubs, or gallops. PMI not displaced.  
**Pulmonary:** Clear to auscultation bilaterally, no rales or wheezes  
**Extremities:** No peripheral edema, pulses 2+ bilaterally

## Assessment and Plan:

**Assessment:** 65-year-old male with cardiovascular risk factors presenting with typical anginal symptoms suggestive of coronary artery disease.

**Plan:  
1.** Exercise stress echocardiogram to evaluate for inducible ischemia  
**2.** Continue current cardiac medications; optimize blood pressure control  
**3.** Lipid panel to assess current LDL levels  
**4.** HbA1c to evaluate diabetes control  
**5.** Patient counseled on activity modification pending stress test results  
**6.** Follow-up in 2 weeks to review test results and adjust treatment plan

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Dr. Robert Kim, MD, FACC  
Interventional Cardiology  
License #: MD12345  
Date: 2024-01-25