

Patient Medical Report

Department: Cardiology

Patient Name: John Doe

Age: 54

Gender: Male

Date of Examination: February 15, 2025

Referring Physician: Dr. Sarah Mitchell, MD

Hospital: City Heart Institute

Clinical History:

The patient presents with complaints of chest pain, occasional shortness of breath, and fatigue. He has a history of hypertension and mild hyperlipidemia. No prior episodes of myocardial infarction reported.

Vital Signs:

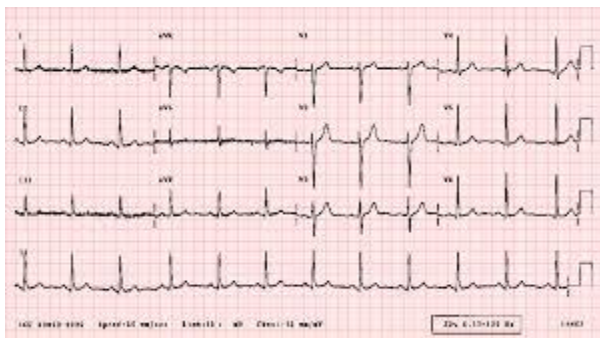
- Blood Pressure: 140/90 mmHg
- Heart Rate: 82 bpm
- Respiratory Rate: 18 breaths per minute
- Oxygen Saturation: 98% on room air
- BMI: 26.3 kg/m²

Cardiac Examination:

- **Heart Sounds:** Normal S1, S2. No murmurs, rubs, or gallops.
- **Peripheral Pulses:** Normal, bilaterally symmetrical.
- **Jugular Venous Pressure (JVP):** Not elevated.

Investigations:

ECG:



- Normal sinus rhythm with no significant ST-T wave changes.

Echocardiogram:

- Left ventricular ejection fraction (LVEF): 58%
- No significant valvular abnormalities.

- Mild left ventricular hypertrophy noted.

Lipid Profile:

- Total Cholesterol: 210 mg/dL (Borderline high)
- LDL: 135 mg/dL (Above optimal)
- HDL: 48 mg/dL (Normal)
- Triglycerides: 160 mg/dL (Moderate risk)

Cardiac Stress Test:

- Exercise tolerance: Moderate, with no ischemic changes.
- No significant arrhythmias observed.

Diagnosis:

1. Essential Hypertension
2. Borderline Hyperlipidemia
3. Mild Left Ventricular Hypertrophy

Treatment Plan:**1. Lifestyle Modifications:**

- Low-sodium, heart-healthy diet.
- Regular aerobic exercise (30 minutes/day).
- Stress management techniques.

2. Medications:

- Amlodipine 5 mg once daily (for blood pressure control).
- Atorvastatin 10 mg once daily (for cholesterol management).
- Aspirin 75 mg daily (for cardiovascular protection).

3. Follow-up:

- Review in 3 months with repeat lipid profile and BP assessment.
- Continue monitoring for any new symptoms.

Consultant Remarks:

The patient is at moderate cardiovascular risk. Close monitoring and adherence to lifestyle changes and medication regimen are recommended to prevent future complications.

Signed:

Dr. Emily Carter, MD
Consultant Cardiologist
City Heart Institute