

CARDIOLOGY CONSULTATION REPORT

PATIENT INFORMATION

Name: John Doe

Date of Birth: 05/15/1980

Patient ID: P-1001

Date of Consultation: March 25, 2023

Referring Physician: Dr. Sarah Johnson

Cardiologist: Dr. Emily Rodriguez, MD, FACC

REASON FOR CONSULTATION

Patient referred for evaluation of hypertension and occasional chest discomfort on exertion.

Patient reports mild chest pressure during physical activity that resolves with rest. No radiation of pain, no associated shortness of breath, diaphoresis, or nausea.

PAST MEDICAL HISTORY

1. Hypertension - diagnosed 5 years ago
2. Type 2 Diabetes Mellitus - diagnosed 3 years ago
3. Hyperlipidemia

MEDICATIONS

1. Lisinopril 10mg daily
2. Metformin 500mg twice daily
3. Atorvastatin 20mg at bedtime
4. Aspirin 81mg daily

PHYSICAL EXAMINATION

Vital Signs: BP 138/88 mmHg, HR 76 bpm, RR 16/min, Temp 98.6°F, O2 Sat 98% on RA

Cardiovascular: Regular rate and rhythm. S1, S2 normal. No S3 or S4. No murmurs, rubs, or gallops.

Pulmonary: Clear to auscultation bilaterally. No wheezes, rales, or rhonchi.

Extremities: No edema, cyanosis, or clubbing. Peripheral pulses 2+ throughout.

DIAGNOSTIC STUDIES

ECG: Normal sinus rhythm. No ST-T wave changes. No evidence of ischemia or prior infarction.

Echocardiogram: LVEF 55%. No wall motion abnormalities. Mild LVH. Normal valvular function.

Stress Test: Scheduled for April 5, 2023

ASSESSMENT AND PLAN

1. Hypertension - Suboptimally controlled. Increase Lisinopril to 20mg daily.
2. Chest discomfort - Atypical features, but given risk factors, will proceed with stress test to evaluate for possible coronary artery disease.
3. Hyperlipidemia - Continue current statin therapy. Target LDL <100 mg/dL.
4. Diabetes - Well-controlled. Continue current management.

This document is part of the patient's medical record and is confidential.

Electronically signed by: Dr. Emily Rodriguez, MD, FACC

Date: March 25, 2023