Clinical Report

| Name | John Smith |
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| Age | 56 |
| Date of Birth | 1968-05-15 |
| Gender | Male |
| Hospital | City General Hospital |
| Chief Complaints | Chest pain radiating to left arm, Shortness of breath, Dizziness and lightheadedness |
| Blood Pressure | 150/95 mmHg |
| Heart Rate | 92 bpm |
| Respiratory Rate | 20 breaths/min |
| Temperature | 98.6°F |
| Cardiovascular | Systolic murmur at lower sternal border, Regular rhythm |
| Neurological | No focal deficits, Cranial nerves II-XII intact |
| Diagnosis | Stable angina, possible coronary artery disease. |
| White Blood Cells | 7.2 x 10^9/L |
| Hemoglobin | 13.5 g/dL |
| Hematocrit | 40% |
| Platelet Count | 250 x 10^9/L |
| Total Cholesterol | 240 mg/dL |
| LDL | 160 mg/dL |
| HDL | 38 mg/dL |
| Triglycerides | 200 mg/dL |
| Interpretation | Mild hypertension-related changes noted, Mild dyslipidemia with elevated cholesterol levels. |
| Medications | Amlodipine: 5mg once daily, Nitroglycerin: 0.4mg as needed for chest pain, Atorvastatin: 20mg once daily |
| Lifestyle Modifications | Dietary interventions and exercise |
| Referrals | Cardiology for further evaluation, Dietitian for diet management |
| Diagnostic Tests | Schedule a follow-up for stress testing, Follow-up angiography |
| Observations | Monitor for side effects: Edema, dizziness, and possible liver function changes with atorvastatin, Liver function tests for atorvastatin recommended in 6 weeks. |
| Follow-Up Instructions | Return in 1 month for reevaluation and medication review, Return in 2 weeks to discuss angiography results and treatment plan. |

| | John Smith is being managed for stable angina and possible coronary |
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| | artery disease with a comprehensive treatment plan that includes |
| Conclusion | medications, lifestyle modifications, and referrals for further evaluation. |