Clinical Notes

Date: 15/10/2022
Thank you Ai. Supawat for your kind consultation
Please see Aj. Supawat not for further detail

CARDIOLOGY NOTE

Subjective:Still have atypical chest pain

Objective:T: 36.8 °C. Pulse: 96 /min. R: 20 /min. BP: 119/79 mmHg. Height: 174 cm. Weight: 95.55 kg.
GA: Full consciousness, awake& alert, not pale, no jaundice.
HEENT: grossly intact. No JVD.
Resp: Normal breath sound, clear both lungs.
CVS: Regular pulse and full, normal S1S2, no S3, no murmur. Normal perfusion.
GI: Soft, not tender.
Ext: No pitting edema. Radial pulse 2+
Neuro: Oriented, CN II-XII grossly intact, no weakness.

Labs& Tests:

NT-pro BNP <10

Hx CCTA at OSH 7/2022: normal coronaries

Hx TTE at OSH 7/2022: preserved LVEF, grade I diastolic dysfunction, no PHTN noted.

Hx Holter 7/2022 with high avg HR at 100 bpm --> he was prescirbed beta-blocker as metoprolol at Medpark hospital.

Hx CMR stress at BH: negative for ischemia

CXR 29/9/22
- Increased plate atelectasis at the right mid to lower lung zones and left basal lung.
- Unchanged minimal left pleural effusion or pleural thickening.

Impression:

1. Atypical chest pain ; DDx CMD vs non-cardiac cause / fibromyalgia. Extensive work up has been performed.
2. Dyspnea with decreased 6MWT at 315 m / poor exercise tolerance
3. Baseline HR as borderline tachycardia 90-101 bpm ? inappropriated sinus tachycardia; better controlled after start Isoptins, may consider to start ivabradine
4. Centrilobular emphysema with smoking about 20 PY
5. Obesity
6. History of SLE/Sjogren syndrome
7. Hx Gynecomastia s/p surgery
8. Hx of vasospastic disorder of peripheral vessels.
9. Bordeline HTN
10. Hyperlipidemia

Plan& Recommendations:

- Add Ivabradine
- Add Deanxit

- I have discussed diagnosis and plan with patient/family; who agreed and voiced understanding.