Cardiologist

Key Findings

- %SD-LDL elevated at 31%, above the <20% range, indicating increased small dense LDL particles which are a cardiovascular risk factor.

- CT Coronary Calcium Score Agatston is 33, indicating a mild increase in coronary artery disease risk, especially in the left anterior descending artery (LAD).

- Blood glucose level high at 114 mg/dL, exceeding normal fasting range.

- Hemoglobin A1C is 5.9%, suggesting increased risk for diabetes.

- Normal MR Angiogram of the neck and brain, indicating no significant arterial stenosis.

Identified Risks And Concerns

- Increased small dense LDL particles signify a risk for atherosclerosis and coronary artery disease.

- Mildly elevated coronary calcium score indicates potential coronary artery disease risk.

- Elevated glucose and hemoglobin A1C levels increase the risk for diabetes, a cardiovascular risk factor.

- %SD-LDL elevation suggests a higher risk for atherosclerosis.

Cross Speciality Interaction

- Endocrinologist

- Pulmonologist

- Nephrologist

Recommended Further Tests Or Consultations

- Stress test to assess any exertional coronary insufficiency due to mildly elevated calcium score.

- Follow-up with an endocrinologist for increased glucose and Hemoglobin A1C levels.

- Monitor glucose levels regularly to manage diabetes risk.

Potential Treatment Suggestions

- Initiate lifestyle modifications such as a heart-healthy diet, regular exercise, and lipid management.

- Consider statin therapy to manage mildly elevated coronary calcium score and SD-LDL levels.

- Regular monitoring and control of blood glucose levels to prevent progression to diabetes.

- Address and manage diabetes risk factors to prevent additional cardiovascular risks.

Urologist

Key Findings

- % Free PSA is 51%, which is not associated with increased risk for prostate cancer.
- Elevated %SD-LDL at 31% indicates higher cardiovascular risk.
- Glucose level at 114 mg/dL and Hemoglobin A1C at 5.9% suggest prediabetes condition.

Identified Risks And Concerns

- Potential risk of cardiovascular issues due to high %SD-LDL.
- Prediabetic state with a need for lifestyle intervention to prevent progression to diabetes.

Cross Speciality Interaction

- Endocrinologist
- Cardiologist

Recommended Further Tests Or Consultations

- Consider cardiovascular assessment and lifestyle intervention consultation with a cardiologist for elevated %SD-LDL.
- Referral to endocrinologist for evaluation of prediabetes management.

Potential Treatment Suggestions

- Lifestyle modifications including diet and exercise to manage cholesterol and prevent progression of prediabetes.
- Consideration of statin therapy to address elevated %SD-LDL and reduce cardiovascular risk.

Endocrinologist

Key Findings

- Elevated small dense LDL (%SD-LDL) at 31% (High).
- Vitamin D level at 45.7 ng/mL within normal limits.
- Fasting glucose level of 114 mg/dL (borderline elevated).
- Hemoglobin A1C of 5.9% indicating increased risk of diabetes.
- Thyroid nodule (0.4 cm) identified on MR Angiogram, Neck.

- Coronary Calcium Score indicating mild risk (Agatston Score: 33).

Identified Risks And Concerns

- Increased risk of cardiovascular disease due to high %SD-LDL and mild coronary artery calcium score.

- Pre-diabetic state as indicated by borderline elevated fasting glucose and HbA1c levels.

Cross Speciality Interaction

- Cardiologist

- Ophthalmologist

- Nephrologist

Recommended Further Tests Or Consultations

- Consult a cardiologist for further evaluation of cardiovascular risk and potential statin therapy.

- Perform a thyroid ultrasound to assess the thyroid nodule.

- Consider an oral glucose tolerance test (OGTT) to evaluate glucose tolerance and confirm pre-diabetic status.

- Consult an ophthalmologist to screen for diabetic retinopathy due to increased risk of diabetes.

Potential Treatment Suggestions

- Initiate lifestyle modifications to address elevated glucose levels, including dietary changes and increased physical activity.

- Monitor thyroid function and consider fine needle aspiration if the nodule grows or if indicated by ultrasound findings.

- Follow-up with endocrinology to monitor blood glucose levels and HbA1c for signs of diabetes progression.

Pulmonologist

Key Findings

- 5 mm right upper lobe ground-glass nodule

- Minor scarring in the lungs

- No pleural effusion on CT scans

- Normal FEV1 values in pulmonary function tests

- Normal arterial blood gas (ABG) results

- Elevated Hemoglobin A1C suggesting increased risk of diabetes

Identified Risks And Concerns

- Potential for lung cancer due to the presence of a ground-glass nodule
- Minor lung scarring which might indicate mild interstitial changes or past infection

Cross Speciality Interaction

- Radiologist
- Oncologist

Recommended Further Tests Or Consultations

- Follow-up CT chest scan in 1 year to monitor the ground-glass nodule
- Consultation with an oncologist for risk assessment of the ground-glass nodule
- Possible bronchoscopy if nodule changes are detected

Potential Treatment Suggestions

- Encourage smoking cessation if applicable
- Consider pulmonary rehabilitation if imaging findings worsen
- Routine monitoring of blood glucose levels and management to prevent diabetes

Radiologist

Key Findings

- 5 mm right upper lobe ground-glass nodule on CT chest.
- Minor scarring noted on CT chest.
- Left hepatic cyst identified on CT chest.
- Mild sinus mucosal thickening seen on CT sinuses; fibro-osseous lesion in hard palate.
- 0.4 cm right thyroid nodule detected on neck MRA.
- Mild volume loss noted on brain MRI.
- Agatston calcium score of 33, indicating mildly increased coronary artery disease risk.

Identified Risks And Concerns

- Increased risk of coronary artery disease as indicated by calcium score.
- Increased risk of diabetes due to elevated glucose and HbA1c levels.
- Elevated small dense LDL percentage indicating high risk for cardiovascular disease.

- Potential need for follow-up of the ground-glass nodule in the lung for malignancy surveillance.

Cross Speciality Interaction

- Cardiologist
- Pulmonologist
- Endocrinologist
- Oncologist

Recommended Further Tests Or Consultations

- Follow-up CT chest in 1 year to monitor ground-glass nodule.
- Consult cardiologist for evaluation of coronary artery disease risk and potential statin therapy.
- Endocrinology consultation for management of elevated glucose and HbA1c levels.
- Thyroid ultrasound to further evaluate thyroid nodule.

Potential Treatment Suggestions

- Consider statin therapy due to increased coronary artery disease risk as per calcium score.
- Consider lifestyle and dietary modifications to address elevated glucose and HbA1c levels.
- Monitor thyroid nodule with ultrasound to ensure there is no further growth.

Hematologist

Key Findings

- %FREE PSA indicates lower risk of prostate cancer relative to PSA levels, though age considerations are important.
- Elevated %SD-LDL (31%) indicating high risk for cardiovascular issues.
- Increased glucose level (114 mg/dL) suggesting impaired fasting glucose.
- Hemoglobin A1C at 5.9% indicating increased risk of diabetes.

Identified Risks And Concerns

- Increased cardiovascular risk due to elevated %SD-LDL.
- Potential risk for diabetes due to elevated fasting glucose and A1C levels.
- Presence of 5 mm ground-glass nodule in the lung indicated in chest CT; follow-up suggested in 1 year.

Cross Speciality Interaction

- Cardiologist
- Pulmonologist

Recommended Further Tests Or Consultations

- Consultation with a cardiologist for assessment and management of elevated %SD-LDL and coronary calcium score findings.
- Follow-up with a pulmonologist regarding the ground-glass nodule observed in the lung.

Potential Treatment Suggestions

- Consider lifestyle modifications, including diet and exercise, to manage %SD-LDL levels and reduce cardiovascular risk.
- Monitor blood glucose and consider lifestyle modifications to prevent progression to diabetes.
- Follow-up imaging in 1 year for the lung nodule to monitor any changes.