

medicaltest

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Overview

Priya Sharma, a 35-year-old female, was evaluated at CityCare Hospital under the attending physician. She presented with The patient presented with intermittent chest discomfort, exertional dyspnea, and fatigue for 2 weeks. Past history significant for hypertension and dyslipidemia, currently on amlodipine and atorvastatin. ECG without acute ischemic changes; troponin negative. Echo demonstrates preserved LV function. Symptoms likely multifactorial including deconditioning and reflux disease.. Impressions include: Atypical chest pain ; non-cardiac features predominant; Hypertension ; controlled on current regimen; Dyslipidemia ; LDL above target for risk profile; Gastroesophageal reflux disease (suspected). Management includes medication, lifestyle changes, and follow-up as advised.

Key Highlights

Field	Value
Company	Medical Report Date, CityCare Hospital, ECG, Impressions Atypical, Heart Rate, SpO, BMI, WBC, SGPT, U/L, Vitals & Laboratory Results Medications,, PO, Plan & Recommendations Lifestyle
Dates	2025, 1990-04-12, 2 weeks, 70 99, 7 56, 4 weeks, /week, 8-12 weeks, 6 weeks
Person	Priya Sharma, R. Menon, Respiratory Rate
Location	Bengaluru, Creatinine, PO, ST
Percentages	98%, 5.4 %, 60%
Groups	statin, Physician
Duration	2 weeks, 4 weeks, 12 weeks, 6 weeks
Document Types	Clinical Summary
Symptoms	dyspnea, fatigue, chest pain
Conditions	hypertension, dyslipidemia, Gastroesophageal reflux disease, GERD
Medications	amlodipine, atorvastatin, Pantoprazole
Procedures	ECG, Echo, Echocardiogram, X-ray
Lab Terms	troponin, LDL, Hemoglobin, WBC, Platelets, Fasting Glucose, HbA1c, Cholesterol, HDL, Triglycerides, Creatinine, ALT, SGPT, AST, SGOT, TSH, CRP, Chest X-ray

Vitals	Blood Pressure, Heart Rate, Respiratory Rate, Temperature, BMI, weight, Temperature 98.4 °F
Dosage	13.0 g, 98 mg, 212 mg, 138 mg, 48 mg, 165 mg, 0.8 mg, 1.2 mg, 5 mg, 20 mg, 40 mg, 100 mg

Key Points

#	Key Point
1	Impressions Atypical chest pain non-cardiac features predominant Hypertension controlled on current regimen Dyslipidemia LDL above target for risk profile Gastroesophageal reflux disease (suspected) Parameter Value Parameter Value Blood Pressure 124/78 mmHg Heart Rate 76 bpm Respiratory Rate 16 /min Temperature 98.4 °F (36.9 °C) SpO 98% on room air BMI 24.6 kg/m ² Test Result Reference Range Test Result Reference Range Hemoglobin 13.0 g/dL 12.0 15.5 WBC 6.2 x10 ³ /μL 4.0 11.0 Platelets 250 x10 ³ /μL 150 450 Fasting Glucose 98 mg/dL 70 99 HbA1c 5.4 % 4.0 5.6 Total Cholesterol 212 mg/dL <200 LDL-C 138 mg/dL <100 (risk-based) HDL-C 48 mg/dL >50 (female) Triglycerides 165 mg/dL <150 Creatinine 0.8 mg/dL 0.5 1.1 ALT (SGPT) 22 U/L 7 56 AST (SGOT) 24 U/L 10 40 TSH 2.1 μIU/mL 0.4 4.0 CRP 1.2 mg/L <3.0 Vitals & Laboratory Results Medications, Procedures & Care Plan Current Medications Amlodipine 5 mg PO OD Atorvastatin 20 mg PO HS Pantoprazole 40 mg PO OD (trial for 4 weeks) Recent Procedures & Imaging 12-lead ECG normal sinus rhythm, no ST-T changes Echocardiogram LVEF 60%, no regional wall motion abnormality Chest X-ray clear lung fields Plan & Recommendations Lifestyle: aerobic exercise 150 min/week, weight maintenance, low-salt diet Lipid management: intensify statin if LDL remains >100 mg/dL in 8-12 weeks GERD management: PPI trial, head-end elevation, avoid late meals/spicy foods Follow-up: clinic review in 6 weeks or earlier if chest pain worsens Attestation I have reviewed the above information and discussed the plan with the patient.
2	Menon (Internal Medicine) Facility: CityCare Hospital, Bengaluru Clinical Summary The patient presented with intermittent chest discomfort, exertional dyspnea, and fatigue for 2 weeks.
3	Medical Report Date: Aug 12, 2025 Patient Name: Priya Sharma DOB: 1990-04-12 MRN: MRN-004215 Consultant: Dr.
4	Symptoms likely multifactorial including deconditioning and reflux disease.
5	ECG without acute ischemic changes; troponin negative.
6	Physician Signature: _____ Date: Aug 12, 2025
7	Past history significant for hypertension and dyslipidemia, currently on amlodipine and atorvastatin.
8	Echo demonstrates preserved LV function.