

# Hospital of Internal Medicine

## Discharge Summary

Patient: Ethan R. Nguyen (DOB 1972-11-05, MRN 512934)

Date of Discharge: 2025-09-18

Dear Colleague,

The patient was admitted for further evaluation of type 2 diabetes mellitus and hypertension. On admission, he reported fatigue, mild polyuria, and occasional headaches. Physical examination was remarkable for elevated blood pressure readings averaging 150/95 mmHg. Initial laboratory testing revealed elevated HbA1c levels of 9.1 %, confirming poor glycemic control. Additional metabolic parameters were within acceptable ranges. The patient denied chest pain or dyspnea on exertion.

## Hospital Course and Investigations

During the hospital stay, antihypertensive therapy with Lisinopril 10 mg once daily was initiated, resulting in improved blood pressure control by the time of discharge. Diabetes management was intensified with Metformin increased to 1000 mg twice daily. The patient tolerated the therapy well, without adverse gastrointestinal effects. Nutritional counseling was provided, focusing on reducing refined carbohydrates and promoting regular meals.

An echocardiography (Echocardiography (evaluation of left ventricular hypertrophy)) was performed due to long-standing hypertension. The study revealed mild concentric left ventricular hypertrophy but preserved systolic function. No valvular abnormalities were detected.

Daily monitoring showed stable vital signs, with gradual improvement in both subjective well-being and objective measures. The patient was motivated and actively participated in educational sessions provided by the diabetes nurse team.

## Discharge Medications and Plan

Current prescriptions at discharge: Metformin 1000 mg BID; Lisinopril 10 mg QD.

Recommendations include close follow-up with the primary care physician within two weeks. HbA1c should be reassessed after three months to evaluate response to intensified therapy. The patient should also undergo lipid screening and regular blood pressure monitoring. Lifestyle modifications remain essential: daily walking, weight management, and adherence to a Mediterranean-style diet.

Summary: This case highlights a patient with uncontrolled type 2 diabetes and hypertension, successfully stabilized during a short inpatient stay. Long-term management will rely on patient adherence, regular monitoring, and collaboration between primary care and specialty services.

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