CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 217 | MRN: MRN-217-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Cristina Yang
DOB:	1974-09-22
Gender:	female
Race:	Asian
Height:	5 ft 6 in
Weight:	135 lbs
Telecom:	206-555-2005
Address:	1919 Robbins Place, Seattle, WA 98101
Marital Status:	Divorced
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Emergency Contact
Name:	Meredith Grey
Telecom:	206-555-2006
Address:	613 Harper Lane, Seattle, WA 98104
Gender:	female
Organization:	N/A
Period Start:	2005-07-25T00:00:00Z
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Meredith Grey, MD
Managing Organization:	Grey Sloan Memorial Hospital

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Aetna
Plan Name:	Physician Choice PPO

Plan Type:	PPO
Group ID:	GS789H
Group Name:	Seattle Surgical Associates
Member ID:	W200588719
Policy Number:	PPO-SEA-7731
Effective Date:	2015-01-01
Termination Date:	ongoing
Copay:	$40
Deductible:	$1000
SUBSCRIBER	
Subscriber ID:	W200588719
Subscriber Name:	Cristina Yang
Relationship:	Self
Subscriber DOB:	1974-09-22
Subscriber Address:	1919 Robbins Place, Seattle, WA 98101

II. MEDICAL BIOGRAPHY & HISTORY

Cristina Yang is a highly intelligent, ambitious, and fiercely competitive cardiothoracic surgeon, currently practicing at Grey Sloan Memorial Hospital. Her entire life has been dedicated to her career, often at the expense of her personal relationships. She is known for her logical, no-nonsense approach to medicine and life, and has little patience for anything she perceives as weakness or inefficiency. This has made it particularly difficult for her to accept her own recent health concerns.

Her symptoms began subtly several months ago as a mild pressure in her chest during her most intense workouts. Being a physician, she initially dismissed it as stress or musculoskeletal pain. However, as the episodes became more predictable and consistent with exertion, she could no longer ignore the classic signs of stable angina. Despite her extensive knowledge of cardiology, the transition from doctor to patient has been challenging, marked by a struggle to relinquish control and trust in the judgment of her colleagues.

Socially, Dr. Yang is divorced and lives alone. Her primary social support system consists of a few close colleagues, most notably Dr. Meredith Grey, whom she considers her 'person'. She is a non-smoker and consumes alcohol only occasionally. Her diet can be inconsistent due to a demanding work schedule. The diagnosis of significant coronary artery disease, particularly in the 'widow-maker' LAD artery, is a source of considerable clinical concern and personal frustration for a surgeon who has spent her career fixing such problems in others.

III. CLINICAL REPORTS & IMAGING

■ *CARDIOLOGY CONSULT NOTE*

Report Text:
CARDIOLOGY CONSULTATION NOTE

PATIENT: Yang, Cristina
MRN: MRN-217

DOB: 1974-09-22
DATE OF CONSULT: 2024-05-15

REFERRING PHYSICIAN: Dr. Meredith Grey, MD
CONSULTING PHYSICIAN: Dr. Preston Burke, MD, FACC

REASON FOR CONSULTATION: Exertional chest tightness.

HISTORY OF PRESENT ILLNESS: Ms. Yang is a 49-year-old female with a history of hypertension and hyperlipidemia who presents for evaluation of intermittent chest tightness. The patient, a cardiothoracic surgeon herself, reports that for the past 3-4 months, she has noticed a substernal pressure-like sensation during periods of significant physical exertion. Specifically, she notes the sensation when running up multiple flights of stairs at the hospital or during intense cycling classes. She describes the feeling as a 'deep pressure' or 'a band tightening around my chest'. She denies radiation to the arms, jaw, or back. The episodes typically last 5-10 minutes and reliably resolve with rest. She has not experienced this sensation at rest, nor has it ever woken her from sleep. She denies any associated diaphoresis, frank dyspnea, nausea, or palpitations. She has tried taking aspirin during an episode without clear benefit. She admits to a high-stress occupation and initially attributed her symptoms to anxiety or musculoskeletal strain, but their consistent relationship with exertion has prompted this evaluation.

PAST MEDICAL HISTORY:
1. Hypertension - Diagnosed 2022. Managed with Lisinopril.
2. Hyperlipidemia - Diagnosed 2023. Managed with Atorvastatin.

PAST SURGICAL HISTORY: None.

SOCIAL HISTORY: Divorced. Lives alone in a condo in Seattle. Occupation is a cardiothoracic surgeon at Grey Sloan Memorial Hospital, which involves long hours and high stress. Denies current or past tobacco use. Reports occasional alcohol use, 1-2 glasses of wine per week. Diet is reportedly 'erratic' due to work schedule. Exercises regularly, including cycling and running.

FAMILY HISTORY: Mother is alive and well. Father passed a...

INITIAL ECG REPORT

Report Text:
ELECTROCARDIOGRAM REPORT

PATIENT: Yang, Cristina
MRN: MRN-217
DOB: 1974-09-22
DATE OF STUDY: 2024-05-15 at 10:30 AM

TECHNICIAN: R. Schmidt
ORDERING PHYSICIAN: Dr. Preston Burke, MD
INTERPRETING PHYSICIAN: Dr. Preston Burke, MD

INDICATION: Exertional chest tightness

TECHNICAL DETAILS: A 12-lead resting electrocardiogram was performed using standard lead placement. The recording is of good quality with minimal artifact.

INTERPRETATION:
- Rhythm: Normal Sinus Rhythm
- Heart Rate: 75 bpm
- PR Interval: 168 ms
- QRS Duration: 88 ms
- QT/QTc Interval: 402/430 ms
- Axis: Normal axis (+45 degrees)

FINDINGS:
- P waves: Normal morphology and axis.
- QRS complexes: Normal morphology. No significant Q waves. R-wave progression is normal across the precordial leads.
- ST segments and T waves: No acute ST-segment elevation or depression is identified. T-wave flattening is noted in leads V5, V6, and aVL. These are non-specific findings.

IMPRESSION:
1. Normal sinus rhythm at 75 bpm.
2. Non-specific T-wave abnormalities in the lateral leads.
3. No evidence of acute myocardial ischemia, infarction, or significant conduction abnormality on this resting ECG.

COMPARISON: No prior ECG available for comparison.

CLINICAL CORRELATION: The non-specific T-wave changes do not confirm but also cannot exclude the possibility of underlying coronary artery disease. These findings must be interpreted in the context of the patient's clinical presentation of typical angina. Further functional or anatomic testing is warranted.

Electronically Signed,
Preston Burke, MD, FACC
Cardiology Associates of Seattle

■ *LIPID PANEL LAB REPORT*

Report Text:
SEATTLE CLINICAL LABS - CHEMISTRY REPORT

PATIENT: Yang, Cristina
MRN: MRN-217
DOB: 1974-09-22

ORDERING PHYSICIAN: Dr. Meredith Grey, MD
ACCESSION: LIPID-2024-78901
COLLECTION DATE: 2024-05-03 08:00
REPORT DATE: 2024-05-03 16:00

TEST NAME RESULT FLAG REFERENCE RANGE UNITS

LIPID PANEL (FASTING)

CHOLESTEROL, TOTAL 225 H <200 (Desirable) mg/dL
200-239 (Borderline High)

TRIGLYCERIDES 190 H <150 (Normal) mg/dL
150-199 (Borderline High)

HDL CHOLESTEROL 38 L >40 (Desirable) mg/dL

LDL CHOLESTEROL 145 H <100 (Optimal) mg/dL
100-129 (Near Optimal)
130-159 (Borderline High)

CHOL/HDL RATIO 5.9 H <5.0 Ratio

NON-HDL CHOLESTEROL 187 H <130 (Desirable) mg/dL

SPECIMEN: Serum
FASTING STATUS: Yes (12 hours reported by patient)

COMMENTS:
Patient's lipid profile indicates dyslipidemia characterized by borderline high total cholesterol and LDL cholesterol, high triglycerides, and low HDL cholesterol. These values place the patient at increased risk for atherosclerotic cardiovascular disease.

Performed by: Seattle Clinical Labs, 123 Biotech Ave, Seattle, WA. CLIA: 12D3456789

Electronically Verified
C. Barnes, MT(ASCP)

■ *CARDIAC CT ANGIOGRAPHY REPORT*

Report Text:
CORONARY CT ANGIOGRAPHY REPORT

PATIENT: Yang, Cristina
MRN: MRN-217
DOB: 1974-09-22
DATE OF STUDY: 2024-05-22

EXAM: CCTA - CORONARY CT ANGIOGRAPHY WITH CONTRAST
CLINICAL INDICATION: Stable angina; evaluate for coronary artery disease.

TECHNIQUE: Prospectively ECG-gated sequential computed tomography angiography of the coronary arteries was performed following the administration of 75 mL of Isovue-370 intravenous contrast. Sublingual nitroglycerin was administered prior to the scan. The patient's heart rate was stable at 60 bpm during acquisition. Images were reconstructed and analyzed using multiplanar reformats, maximum intensity projections, and 3D volume rendering.

FINDINGS:
CALCIUM SCORE: A preliminary non-contrast scan was performed for calcium scoring, revealing a total Agatston score of 125, indicating mild to moderate calcific plaque burden.

CORONARY ARTERIES:
- LEFT MAIN: The left main coronary artery is patent, with no significant stenosis.
- LEFT ANTERIOR DESCENDING (LAD): The LAD is a large vessel. In the proximal segment, there is a focal, predominantly non-calcified plaque that results in an estimated **80% luminal stenosis**. The distal LAD is of normal caliber without significant disease.
- LEFT CIRCUMFLEX (LCx): The LCx is a non-dominant vessel. There is mild luminal irregularities and scattered non-obstructive plaque (<30% stenosis).
- RIGHT CORONARY ARTERY (RCA): The RCA is a dominant vessel. There is mild, diffuse atherosclerotic disease with no focal stenosis greater than 40%.

OTHER CARDIAC STRUCTURES:
- Myocardium: No regional wall motion abnormalities are seen. Myocardial thickness is normal.
- Valves: The aortic, mitral, tricuspid, and pulmonic valves appear structurally normal without significant calcification.
- Pericardium: No pericardial effusion or thickening.

EXTRACARDIAC STRUCTURES:
- Lungs: The visualized lung bases are clear.
- Aorta: The thoracic aorta is of normal caliber.
- Mediastinum: No mediastinal or hilar adenopathy...

■ *PROGRESS NOTE FOLLOW UP*

Report Text:
CARDIOLOGY PROGRESS NOTE

PATIENT: Yang, Cristina
MRN: MRN-217
DOB: 1974-09-22
DATE OF VISIT: 2024-05-29

SUBJECTIVE:
Patient returns to clinic today for follow-up of her exertional chest pain and to discuss the results of her recent Coronary CT Angiography (CTA). She reports no new or worsening symptoms since her last visit. She continues to experience the same pressure-like chest sensation with significant exertion, approximately 2-3 times per week. She has not had to use the sublingual nitroglycerin provided. She is compliant with her medications. She verbalizes a clear

understanding of the purpose of today's visit and is anxious to review the CTA findings.

OBJECTIVE:
VITALS: BP 130/78 mmHg, HR 72 bpm, SpO2 98%
PHYSICAL EXAM: Unchanged from previous visit. No acute distress. Heart is RRR, lungs are clear.

RESULTS REVIEW:
I personally reviewed the images and report from the Coronary CTA performed on 2024-05-22. The findings were discussed in detail with Ms. Yang. Key findings include:
- A significant, high-grade (estimated 80%) stenosis in the proximal Left Anterior Descending (LAD) artery.
- Mild, non-obstructive disease elsewhere.
- A total calcium score of 125.
I explained to the patient that the LAD is a critical vessel supplying a large portion of the heart muscle, and a blockage of this severity is very likely the cause of her anginal symptoms.

ASSESSMENT:
1. Stable Angina Pectoris.
2. Obstructive Coronary Artery Disease, single-vessel, with 80% stenosis of the proximal LAD confirmed by CTA.
3. Hypertension, controlled.
4. Hyperlipidemia, on statin therapy.

The patient has a clear anatomic basis for her symptoms. The question now is to determine the functional significance - i.e., to prove this blockage is causing ischemia (a lack of blood flow) to the heart muscle during stress. While the suspicion is very high, confirming this ischemia is crucial for guiding the next therapeutic steps and for securing authorization for potential revascularization (...
