

# CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 213 | MRN: MRN-213-2025

## I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Cosmo Kramer
DOB:	1953-07-22
Gender:	male
Race:	Caucasian
Height:	6 ft 3 in
Weight:	195 lbs
Telecom:	212-555-3485
Address:	129 West 81st Street, Apartment 5B, New York, NY 10024
Marital Status:	Single
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Emergency Contact
Name:	Jerry Seinfeld
Telecom:	212-555-2375
Address:	129 West 81st Street, Apartment 5A, New York, NY 10024
Gender:	male
Organization:	N/A
Period Start:	1989-09-21
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Leo Spaceman, MD
Managing Organization:	Pendant Publishing Medical Group

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Medicare Part B
Plan Name:	Original Medicare

<b>Plan Type:</b>	Medicare
<b>Group ID:</b>	N/A
<b>Group Name:</b>	N/A
<b>Member ID:</b>	KRAMER-1953-0722
<b>Policy Number:</b>	POL-KRAMER-1953
<b>Effective Date:</b>	2018-07-01
<b>Termination Date:</b>	ongoing
<b>Copay:</b>	\$0 for most services
<b>Deductible:</b>	\$240
<b>SUBSCRIBER</b>	
<b>Subscriber ID:</b>	KRAMER-1953-0722
<b>Subscriber Name:</b>	Cosmo Kramer
<b>Relationship:</b>	Self
<b>Subscriber DOB:</b>	1953-07-22
<b>Subscriber Address:</b>	129 West 81st Street, Apartment 5B, New York, NY 10024

## II. MEDICAL BIOGRAPHY & HISTORY

Cosmo Kramer is a 70-year-old single male residing in Manhattan, known for his eccentric personality, boundless energy, and unconventional lifestyle. He lives alone but maintains a close, if chaotic, relationship with his neighbors, whom he considers his surrogate family. His employment history is a series of short-lived, inventive schemes. Recently, Mr. Kramer's characteristic joie de vivre has been dampened by newfound health anxieties. For the past three months, he has been experiencing intermittent, sharp chest pains. While not typical for cardiac angina, the symptoms have caused him considerable distress, prompting a visit to his long-time, and equally eccentric, physician, Dr. Leo Spaceman. The initial workup at Dr. Spaceman's office led to new diagnoses of essential hypertension and mixed hyperlipidemia, significant risk factors for cardiovascular disease. Despite starting medications for these conditions, the atypical chest pain has persisted, leading to a referral to a cardiologist, Dr. Marina Petrov. Dr. Petrov noted that while the pain itself is unlikely to be ischemic, Mr. Kramer's risk factor profile warrants a definitive functional assessment to rule out underlying coronary artery disease. A myocardial perfusion imaging (MPI) stress test has been recommended to provide this crucial risk stratification and guide future management.

## III. CLINICAL REPORTS & IMAGING

### ■ PROGRESS NOTE PCP

#### Report Text:

Patient: Cosmo Kramer

MRN: MRN-213

DOB: 1953-07-22

Date of Service: 2025-04-10

#### SUBJECTIVE:

Mr. Kramer, a 70-year-old male well-known to this practice, presents today for evaluation of new health concerns. He

reports experiencing intermittent chest discomfort for the past month. He describes the sensation as a quick, sharp pain located substernally. It is non-radiating and not associated with exertion, eating, or specific movements. Episodes are brief, lasting only a few seconds, and occur sporadically, perhaps a few times per week. He denies any associated shortness of breath, diaphoresis, nausea, or dizziness. The patient expresses significant anxiety about these episodes, stating, "It's putting a real cramp in my style, doc!" He has no history of coronary artery disease, but is aware his blood pressure has been "a little high" in the past. He is otherwise feeling well and maintains a high level of unstructured physical activity.

#### REVIEW OF SYSTEMS:

- Constitutional: Denies fever, chills, weight loss. Reports usual high energy levels.
- HEENT: Denies headache, vision changes, or sore throat.
- Cardiovascular: As per HPI. Denies palpitations, orthopnea, or lower extremity edema.
- Respiratory: Denies cough, wheezing, or dyspnea.
- GI: Denies abdominal pain, nausea, vomiting, or changes in bowel habits.
- Musculoskeletal: Denies specific chest wall tenderness to palpation.
- Neurological: Denies syncope, presyncope, or focal weakness.
- Psychiatric: Reports increased anxiety related to chest pain symptoms.

#### PAST MEDICAL HISTORY:

- Known history of elevated blood pressure readings, not formally diagnosed or treated.

#### SOCIAL HISTORY:

- The patient lives alone in an apartment. He is a non-smoker and reports occasional social alcohol use. He has a wide variety of interests and unconventional employment ventures. Diet is erratic.

#### FAMILY HISTORY:

- Patient is unsure of family medical history details.

#### OBJECTIVE:

- Vitals: BP 138/88 mmHg (right arm, seated), HR 78 bpm, R...

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## ■ LAB REPORT LIPIDS

#### Report Text:

Patient: Cosmo Kramer

MRN: MRN-213

DOB: 1953-07-22

Date Collected: 2025-04-12 08:30

Date Reported: 2025-04-12 14:00

Ordering Provider: Dr. Leo Spaceman, MD

#### LIPID PANEL ---

#### TEST NAME RESULT FLAG REFERENCE RANGE

CHOLESTEROL, TOTAL 225 mg/dL (H) 100 - 199 mg/dL

TRIGLYCERIDES 185 mg/dL (H) < 150 mg/dL

HDL CHOLESTEROL 42 mg/dL (N) > 39 mg/dL

LDL CHOLESTEROL 155 mg/dL (H) < 100 mg/dL  
(Calculated)

CHOL/HDLC RATIO 5.4 (H) < 5.0

NON-HDL CHOLESTEROL 183 mg/dL (H) < 130 mg/dL

COMPONENT COMMENTS ---

LDL-C is a calculated value. When triglyceride level is >400 mg/dL, the LDL-C is not calculated, and a direct LDL-C is recommended.

INTERPRETIVE DATA ---

This lipid panel demonstrates a pattern consistent with mixed hyperlipidemia. The Total Cholesterol, Triglycerides, and calculated LDL Cholesterol are all significantly elevated above the desirable range. The HDL cholesterol is within the normal range but is not at a level considered highly protective. These results indicate a high risk for atherosclerotic cardiovascular disease (ASCVD). Statin therapy and aggressive lifestyle modification are strongly recommended based on current guidelines.

END OF REPORT ---

Electronically Signed By:

C. Burns, MLS(ASCP)

Laboratory Director

LabCorp Reference Laboratory, New York, NY

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## ■ CARDIOLOGY CONSULTATION NOTE

**Report Text:**

Patient: Cosmo Kramer

MRN: MRN-213

DOB: 1953-07-22

Date of Consultation: 2025-05-28

Referring Provider: Dr. Leo Spaceman, MD

CHIEF COMPLAINT: Atypical chest pain.

HISTORY OF PRESENT ILLNESS:

Mr. Kramer is a 70-year-old gentleman referred for evaluation of intermittent chest pain. The patient reports that for the past 3 months, he has been experiencing brief, sharp, stabbing pains in the center of his chest. He states the episodes are fleeting, lasting only seconds, and have no clear trigger. They are not associated with physical exertion, meals, or emotional stress. He denies any radiation of the pain to his arms, neck, or jaw. There is no associated dyspnea, diaphoresis, nausea, palpitations, or lightheadedness. The frequency is variable, from several times a day to once a week. The primary bother is the anxiety the sensation provokes. He was seen by his PCP, Dr. Spaceman, who initiated a workup. An EKG was reportedly normal, and labs revealed hyperlipidemia. He was started on Lisinopril for

hypertension and Atorvastatin for cholesterol. His home BP readings have improved since starting medication. He continues to experience the same character of chest pain despite these interventions.

**PAST MEDICAL HISTORY:**

1. Hypertension (diagnosed 2025)
2. Mixed Hyperlipidemia (diagnosed 2025)

**CURRENT MEDICATIONS:**

1. Lisinopril 10 mg daily
2. Atorvastatin 20 mg daily
3. Aspirin 81 mg daily

**ALLERGIES:** No Known Drug Allergies.

**SOCIAL HISTORY:** Single, lives alone in an apartment. Denies tobacco use. Reports rare, social consumption of alcohol. Remains physically active in his unique way.

**REVIEW OF SYSTEMS:**

As per HPI. All other systems reviewed and are negative.

**OBJECTIVE:**

- Vitals: BP 128/76 mmHg, HR 74 bpm, regular, RR 16, SpO<sub>2</sub> 99% on RA, Weight 195 lbs.
- General: Alert, energetic male in no acute distress. Engages pleasantly.
- Cardiovascular: Chest is non-tender to palpation over all quadrants. Heart has a regular rate and rhythm. Normal S1 and S2. No murmurs, gal...

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## **EKG REPORT**

**Report Text:**

Patient: Cosmo Kramer

MRN: MRN-213

DOB: 1953-07-22

Date of Study: 2025-04-10 10:15

Ordering Provider: Dr. Leo Spaceman, MD

Reason for Study: Chest pain, elevated blood pressure

**EKG INTERPRETATION ---**

- Rhythm: Normal Sinus Rhythm
- Heart Rate: 75 bpm
- PR Interval: 168 ms
- QRS Duration: 92 ms
- QT/QTc: 402/430 ms
- P-R-T Axes: 55, 60, 45 degrees

**FINDINGS ---**

- The rhythm is regular with a P wave preceding every QRS complex, consistent with normal sinus rhythm.
- The ventricular rate is 75 beats per minute, which is within normal limits.
- The PR, QRS, and QTc intervals are all within normal limits.
- The axis is normal.
- There is no evidence of ST-segment elevation or depression to suggest acute ischemia or injury.
- T waves are upright in leads I, II, aVF, and V2-V6. No pathological T wave inversions are noted.
- There are no pathological Q waves to suggest prior myocardial infarction.
- There is no evidence of left or right ventricular hypertrophy by voltage criteria.
- The R wave progression in the precordial leads is normal.

#### IMPRESSION ---

1. Normal Sinus Rhythm.
2. No acute electrocardiographic evidence of myocardial ischemia, injury, or infarction.
3. Overall, a normal EKG.

#### END OF REPORT ---

Electronically Confirmed By:

Dr. Leo Spaceman, MD

Pendant Publishing Medical Group

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### ■ PCP FOLLOW UP NOTE

#### Report Text:

Patient: Cosmo Kramer

MRN: MRN-213

DOB: 1953-07-22

Date of Service: 2025-05-15

#### SUBJECTIVE:

Mr. Kramer returns for follow-up today to discuss his lab results and persistent symptoms. He reports that he is still experiencing the intermittent, sharp, non-exertional chest pains as previously described. The frequency and character have not changed. He has been taking the Lisinopril and reports no side effects. He also picked up the Atorvastatin but was waiting to discuss the lab results before starting it. His home blood pressure readings have been in the 120s-130s systolic, an improvement from his initial visit.

#### REVIEW OF SYSTEMS:

- No new complaints. Denies dizziness, cough, or other side effects from Lisinopril. Continues to report anxiety related to the chest discomfort.

#### OBJECTIVE:

- Vitals: BP 132/80 mmHg, HR 76 bpm, RR 16.
- General: Alert and talkative, in no distress.
- Heart: Regular rate and rhythm. No new murmurs.
- Lungs: Clear.

**DIAGNOSTIC DATA REVIEW:**

- Lipid Panel (2025-04-12): Reviewed results with patient. Explained that his Total Cholesterol (225), LDL (155), and Triglycerides (185) are all elevated, putting him at increased risk for heart disease and stroke. Emphasized the importance of taking the Atorvastatin.
- EKG (from 2025-04-10): Re-reviewed, normal study. Reassured him that there were no signs of a heart attack on the EKG.

**ASSESSMENT:**

1. **Atypical Chest Pain (R07.89):** Symptoms persist. Given his normal EKG but significant new diagnoses of hypertension and hyperlipidemia, the next appropriate step is a specialist evaluation to provide a more comprehensive cardiac risk assessment.
2. **Hypertension (I10):** Responding well to Lisinopril 10 mg. BP is improved.
3. **Mixed Hyperlipidemia (E78.2):** Patient now understands the rationale for treatment.

**PLAN:**

1. **Chest Pain Evaluation:**

- Place a referral to Cardiology for further evaluation. I have explained to the patient that a cardiologist is the right specialist to d...
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