CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 225 | MRN: MRN-225-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Leia Organa
DOB:	1968-05-14
Gender:	female
Race:	Caucasian
Height:	5 ft 1 in
Weight:	145 lbs
Telecom:	202-555-0183
Address:	1600 Pennsylvania Avenue NW, Washington, DC 20500
Marital Status:	Widowed
Multiple Birth:	Yes (Order: 2)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Brother
Name:	Luke Skywalker
Telecom:	202-555-0184
Address:	1 Jedi Temple Way, Washington, DC 20004
Gender:	male
Organization:	N/A
Period Start:	1968-05-14
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Bail Antilles, MD
Managing Organization:	Coruscant Health System

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	New Republic Health Plan
Plan Name:	Diplomatic Gold PPO

Plan Type:	PPO
Group ID:	NRGOV-01
Group Name:	New Republic Government
Member ID:	NRDIPLO-225
Policy Number:	GRP-NR-1977-225
Effective Date:	2005-01-01
Termination Date:	ongoing
Copay:	$20
Deductible:	$500
SUBSCRIBER	
Subscriber ID:	NRDIPLO-225
Subscriber Name:	Leia Organa
Relationship:	Self
Subscriber DOB:	1968-05-14
Subscriber Address:	1600 Pennsylvania Avenue NW, Washington, DC 20500

II. MEDICAL BIOGRAPHY & HISTORY

Leia Organa is a highly respected former diplomat and senator with a history of dedicated public service. Her life has been marked by periods of intense stress and personal loss, but she has always demonstrated remarkable resilience. Her medical history is significant for long-standing hypertension, diagnosed in her early 40s, and Type 2 Diabetes, diagnosed about a decade later. She has been diligent with her health but the combination of these chronic conditions has unfortunately led to a progressive decline in kidney function over the past several years. Initially manifesting as fatigue and difficult-to-control blood pressure, her condition has now advanced to End-Stage Renal Disease (ESRD).

This diagnosis has significantly impacted her life, forcing her to step back from her consulting work and begin hemodialysis three times per week. Despite the physical and emotional toll of her illness and its treatment, Ms. Organa maintains a determined and hopeful outlook. She is intellectually sharp and has thoroughly researched her condition and treatment options. She approaches her health with the same strategic mindset she applied in her diplomatic career.

Socially, she is widowed and lives alone but maintains a very close relationship with her twin brother, Luke, who serves as her primary support person and emergency contact. She has a broad network of friends and former colleagues who provide additional emotional support. She is committed to following all medical advice to ensure the best possible outcome for a kidney transplant, which she views as her best hope for returning to a more active and fulfilling life.

III. CLINICAL REPORTS & IMAGING

■ *NEPHROLOGY INITIAL CONSULT*

Report Text:
'''

FACILITY: Coruscant Nephrology Clinic
PATIENT: Organa, Leia

DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2023-01-20

CHIEF COMPLAINT: Worsening fatigue and abnormal labs.

HISTORY OF PRESENT ILLNESS:
Ms. Organa is a 54-year-old female with a long-standing history of hypertension and type 2 diabetes mellitus, who presents for initial nephrology consultation. She was referred by her primary care physician, Dr. Bail Antilles, due to progressively worsening renal function noted on routine labs over the past 18 months, with a recent serum creatinine of 6.8 mg/dL and a calculated GFR of 8 mL/min. The patient reports a significant decline in her energy levels over the past six months, describing it as a pervasive fatigue that is not relieved by rest. She has had to reduce her work hours as a consultant due to her inability to concentrate and maintain stamina throughout the day. She also notes new-onset bilateral lower extremity edema, which is worse at the end of the day and improves slightly with elevation overnight. She denies chest pain, shortness of breath, orthopnea, or paroxysmal nocturnal dyspnea. She reports occasional nausea, particularly in the mornings, and a decreased appetite, which has led to an unintentional 10-pound weight loss over three months. She denies any gross hematuria, flank pain, or changes in urinary frequency.

PAST MEDICAL HISTORY:
1. Essential Hypertension (diagnosed 2010)
2. Type 2 Diabetes Mellitus (diagnosed 2015), complicated by peripheral neuropathy.
3. Hyperlipidemia.

PAST SURGICAL HISTORY:
- Appendectomy (~1990)
- Cholecystectomy (2005)

MEDICATIONS:
- Lisinopril 20 mg daily
- Amlodipine 5 mg daily
- Metformin 1000 mg twice daily (stopped by PCP 1 week ago)
- Atorvastatin 40 mg daily

ALLERGIES: No Known Drug Allergies.

SOCIAL HISTORY: Widowed, lives alone in a large apartment. Former diplomat and senator, now works as a part-time political consul...

■ *RENAL BIOPSY PATHOLOGY*

Report Text:
'''
FACILITY: Coruscant Pathology Labs
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF COLLECTION: 2023-01-27

DATE OF REPORT: 2023-01-29

SPECIMEN SOURCE: Kidney, Left, Percutaneous Needle Biopsy

CLINICAL HISTORY: 54-year-old female with Stage 5 Chronic Kidney Disease, hypertension, and Type 2 Diabetes Mellitus. Biopsy for determining the etiology of renal failure.

GROSS DESCRIPTION:
The specimen is received in formalin and consists of two tan-white, threadlike core biopsy specimens, measuring 1.4 cm and 1.6 cm in length.

MICROSCOPIC EXAMINATION:
Light Microscopy: The cores contain renal cortex and medulla. A total of 28 glomeruli are present for evaluation. Of these, 18 are globally sclerosed. The remaining viable glomeruli show diffuse and severe mesangial matrix expansion and thickening of the glomerular basement membranes, consistent with diabetic glomerulosclerosis (Kimmelstiel-Wilson-like nodules are noted in 3 glomeruli). There is also evidence of arteriolar hyalinosis affecting both afferent and efferent arterioles. No significant hypercellularity or inflammatory infiltrates are seen. There is marked tubular atrophy and interstitial fibrosis, estimated to involve approximately 70% of the cortical tissue sampled. The tubules show flattened epithelium with thickened basement membranes. The interstitium is expanded by collagenous fibrosis with a sparse mononuclear cell infiltrate. Arteries and arterioles show severe hyaline arteriosclerosis and fibrointimal thickening, consistent with hypertensive changes.

Immunofluorescence Microscopy:
Performed on a frozen section core containing 5 glomeruli.
- IgG: Trace, non-specific staining in sclerotic segments.
- IgA: Negative.
- IgM: Negative.
- C3: Negative.
- C1q: Negative.
- Albumin: Negative.
- Kappa Light Chains: Negative.
- Lambda Light Chains: Negative.

The findings are negative for significant immune complex depos...

■ *RENAL ULTRASOUND REPORT*

Report Text:
'''
FACILITY: Alliance Diagnostic Imaging
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF EXAM: 2023-01-22

EXAMINATION: Ultrasound, Abdomen, Renal (Complete)

INDICATION: Chronic kidney disease, elevated creatinine. Evaluate for hydronephrosis and assess renal size and

echotexture.

TECHNIQUE:
Real-time grayscale and color Doppler ultrasound imaging of the kidneys and urinary bladder was performed. Transverse and longitudinal views were obtained. The bladder was evaluated for volume and wall thickness.

FINDINGS:
Right Kidney: Measures 8.2 x 3.9 x 3.5 cm. The renal parenchyma is diffusely hyperechoic (echogenic) and thinned, with a cortical thickness of 0.6 cm. Corticomedullary differentiation is poor. No hydronephrosis, calculi, or focal masses are identified. Color Doppler flow is present but appears diminished globally.

Left Kidney: Measures 8.5 x 4.0 x 3.8 cm. Similar to the right, the renal parenchyma is diffusely hyperechoic and thinned, with a cortical thickness of 0.7 cm. Corticomedullary differentiation is poor. No hydronephrosis, calculi, or focal masses are seen. Color Doppler flow is present and globally diminished.

Urinary Bladder: The bladder is moderately distended. The bladder wall is smooth and normal in thickness. No intraluminal filling defects or calculi are noted. Post-void residual volume is minimal (15 mL).

Aorta/IVC: Visualized portions of the abdominal aorta and inferior vena cava are unremarkable.

IMPRESSION:
1. **Bilateral small, echogenic kidneys with cortical thinning and poor corticomedullary differentiation.** These findings are classic for and highly suggestive of chronic, end-stage medical renal disease. The appearance is non-specific to etiology but is commonly seen in diabetic nephropathy and/or hypertensive nephrosclerosis, which is consistent with the patient''s clinical history.
2. **No evidence of hydronephrosis**, ruling out an obstructive uropathy as th

---

■ *TRANSPLANT PSYCH EVALUATION*

Report Text:
'''
FACILITY: Coruscant Transplant Center, Department of Psychiatry
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF EVALUATION: 2024-04-10

REASON FOR CONSULTATION: Pre-surgical psychosocial evaluation for kidney transplantation candidacy.

METHODOLOGY: Clinical interview, review of medical records, and administration of the Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7).

HISTORY OF PRESENT ILLNESS (PSYCHIATRIC):
Ms. Organa is a 55-year-old widowed female referred for evaluation as part of her workup for a kidney transplant. She has no prior psychiatric history, including no history of hospitalizations, suicide attempts, or substance abuse treatment. She reports experiencing significant grief following the death of her husband several years ago but states she processed this with the support of family and did not require formal therapy.

Regarding her current condition, she describes feeling

■ *TRANSPLANT COMMITTEE APPROVAL*

Report Text:
'''
FACILITY: Coruscant Transplant Center
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF MEETING: 2024-04-25

SUBJECT: Transplant Selection Committee Meeting Minutes & Decision

ATTENDEES: Mon Mothma, MD (Transplant Surgery), Bail Antilles, MD (Nephrology), Lando Calrissian, MD (Vascular Surgery), Dr. Yoda, PhD (Psychiatry), Ackbar, MD (Cardiology), Raddus, RN (Transplant Coordinator), Social Work Representative.

CASE PRESENTATION:
The case of Ms. Leia Organa, a 55-year-old female with End-Stage Renal Disease secondary to diabetic and hypertensive nephropathy, was presented by her nephrologist, Dr. Antilles. The patient initiated hemodialysis in February 2024 via an AV fistula and has been compliant with her treatment three times a week. Her clinical course, laboratory findings, and imaging studies were reviewed, all of which support the diagnosis of irreversible, end-stage renal failure.

SUMMARY OF EVALUATION:
- **Nephrology (Dr. Antilles):** Patient has GFR <10, is dialysis-dependent. Etiology confirmed by biopsy. She is a prime candidate for transplantation which offers the best long-term survival and quality of life.
- **Transplant Surgery (Dr. Mothma):** Surgical evaluation finds her to be a suitable candidate for a deceased donor renal allograft. Anatomy is favorable, with no significant peripheral vascular disease that would complicate the procedure.
- **Cardiology (Dr. Ackbar):** Patient underwent a Lexiscan Myocardial Perfusion Imaging study which showed no evidence of inducible ischemia. LVEF is estimated at 60-65%. She is cleared for transplant from a cardiac standpoint.
- **Psychosocial (Dr. Yoda & Social Work):** The patient is deemed to have an excellent understanding of the transplant process, risks, and benefits. She is psychologically stable, highly motivated, and has a very strong and reliable support system in her brother, Luke Skywalker, who accompanied her t...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''
FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *TRANSPLANT COMMITTEE APPROVAL*

Report Text:
'''
FACILITY: Coruscant Transplant Center
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF MEETING: 2024-04-25

SUBJECT: Transplant Selection Committee Meeting Minutes & Decision

ATTENDEES: Mon Mothma, MD (Transplant Surgery), Bail Antilles, MD (Nephrology), Lando Calrissian, MD (Vascular Surgery), Dr. Yoda, PhD (Psychiatry), Ackbar, MD (Cardiology), Raddus, RN (Transplant Coordinator), Social Work Representative.

CASE PRESENTATION:
The case of Ms. Leia Organa, a 55-year-old female with End-Stage Renal Disease secondary to diabetic and hypertensive nephropathy, was presented by her nephrologist, Dr. Antilles. The patient initiated hemodialysis in February 2024 via an AV fistula and has been compliant with her treatment three times a week. Her clinical course, laboratory findings, and imaging studies were reviewed, all of which support the diagnosis of irreversible, end-stage renal failure.

SUMMARY OF EVALUATION:
- **Nephrology (Dr. Antilles):** Patient has GFR <10, is dialysis-dependent. Etiology confirmed by biopsy. She is a prime candidate for transplantation which offers the best long-term survival and quality of life.
- **Transplant Surgery (Dr. Mothma):** Surgical evaluation finds her to be a suitable candidate for a deceased donor renal allograft. Anatomy is favorable, with no significant peripheral vascular disease that would complicate the procedure.
- **Cardiology (Dr. Ackbar):** Patient underwent a Lexiscan Myocardial Perfusion Imaging study which showed no evidence of inducible ischemia. LVEF is estimated at 60-65%. She is cleared for transplant from a cardiac standpoint.
- **Psychosocial (Dr. Yoda & Social Work):** The patient is deemed to have an excellent understanding of the transplant process, risks, and benefits. She is psychologically stable, highly motivated, and has a very strong and reliable support system in her brother, Luke Skywalker, who accompanied her t...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''
FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior

infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''
FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia.

There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''
FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''

FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''

FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia

DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''
FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''
FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''
FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''
FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.

- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''
FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''
FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''

FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225
DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...

■ *CARDIOLOGY PREOP CLEARANCE*

Report Text:
'''

FACILITY: Coruscant Cardiology Associates
PATIENT: Organa, Leia
DOB: 1968-05-14
MRN: MRN-225

DATE OF SERVICE: 2024-03-15

REASON FOR CONSULTATION: Pre-operative cardiac risk assessment for renal transplantation.

HISTORY:
Patient is a 55-year-old female with ESRD, hypertension, and T2DM who is being evaluated for a kidney transplant. This is considered a high-risk surgery. She has no personal history of coronary artery disease, congestive heart failure, or arrhythmia. She reports exertional fatigue but attributes this to her severe anemia and uremia. She denies any specific chest pain, pressure, or anginal equivalents. She can walk about 2-3 blocks before needing to rest due to fatigue. She denies orthopnea or PND.

PHYSICAL EXAMINATION:
- Vitals: BP 145/88 mmHg, HR 76 bpm.
- Heart: RRR, no murmurs, gallops or rubs.
- Lungs: Clear to auscultation.
- Extremities: 1+ pedal edema, AV fistula in left arm is patent with a good thrill and bruit.

DIAGNOSTIC TESTING:
- **12-Lead EKG:** Normal sinus rhythm, rate 75. No ST-T wave abnormalities, no evidence of LVH, no signs of prior infarction.
- **Echocardiogram (2024-03-10):** Left ventricular ejection fraction estimated at 60-65%. Normal LV size and wall thickness. Grade 1 diastolic dysfunction. No significant valvular abnormalities.
- **Lexiscan Myocardial Perfusion Imaging (Stress Test) (2024-03-15):**
- **Protocol:** Pharmacologic stress with Lexiscan infusion followed by Tc-99m Tetrofosmin imaging at rest and post-stress.
- **Findings:** The heart is of normal size. There are no reversible perfusion defects to suggest myocardial ischemia. There are no fixed defects to suggest prior infarction. Gated SPECT analysis shows normal regional wall motion and a calculated LVEF of 62%.

ASSESSMENT AND RECOMMENDATION:
1. **Low Risk for Major Adverse Cardiac Event (MACE):** This patient has undergone a comprehensive cardiac evalu...
