CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 212 | MRN: MRN-212-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Chandler Bing
DOB:	1968-04-08
Gender:	male
Race:	Caucasian
Height:	5 ft 11 in
Weight:	180 lbs
Telecom:	212-555-1234
Address:	90 Bedford St, New York, NY 10014
Marital Status:	Married
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Spouse
Name:	Monica Geller-Bing
Telecom:	212-555-5678
Address:	90 Bedford St, New York, NY 10014
Gender:	female
Organization:	N/A
Period Start:	2001-05-15
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Richard Burke, MD
Managing Organization:	New York-Presbyterian Hospital

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Aetna
Plan Name:	Gold PPO

Plan Type:	PPO
Group ID:	GRP-SI-54321
Group Name:	Stark Industries
Member ID:	MBR-987654321
Policy Number:	POL-AETNA-2025-9988
Effective Date:	2010-01-01
Termination Date:	ongoing
Copay:	$40
Deductible:	$1500
SUBSCRIBER	
Subscriber ID:	MEM-987654321
Subscriber Name:	Chandler Bing
Relationship:	Self
Subscriber DOB:	1968-04-08
Subscriber Address:	90 Bedford St, New York, NY 10014

II. MEDICAL BIOGRAPHY & HISTORY

Chandler Muriel Bing is a 57-year-old male residing in New York City with his wife, Monica. He works in a data analysis field, a career he transitioned to after famously quitting his role in 'statistical analysis and data reconfiguration'. He has a well-documented history of generalized anxiety, for which he is treated, and a past history of significant smoking, which he successfully quit in his late 20s.

Socially, Mr. Bing is known for his humor and close-knit group of friends. He is married and lives in a stable home environment. He reports low alcohol consumption and denies any current tobacco or illicit substance use. His father is deceased (heart complications), and his mother is alive and well.

Clinically, the patient has been managed for essential hypertension for several years, which is well-controlled on medication. The presenting problem is a recent onset of atypical chest pain. The pain is described as a non-exertional pressure, raising suspicion for non-atherosclerotic causes, especially given his risk factor profile. The current clinical hypothesis, pending further imaging, is a possible congenital coronary anomaly, as his symptoms do not align with classic angina and preliminary workup (ECG, basic labs, echo) has been largely unrevealing except for ambiguous visualization of the coronary ostia.

III. CLINICAL REPORTS & IMAGING

■ *PCP VISIT NOTE*

Report Text:
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Patient: Chandler Bing (MRN: 212)
DOB: 1968-04-08
Date of Service: 2025-09-15
Attending: Dr. Richard Burke, MD

SUBJECTIVE:
Mr. Chandler Bing is a 57-year-old male who presents to the clinic today for evaluation of new-onset intermittent chest discomfort. The patient reports that for the past 5-6 days, he has been experiencing episodes of a

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■ *LAB REPORT 20250920*

Report Text:
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Patient: Chandler Bing (MRN: 212)
DOB: 1968-04-08
Date Collected: 2025-09-20 08:00 EST
Date Reported: 2025-09-20 09:30 EST
Ordering Provider: Dr. Richard Burke, MD

Test Name: CARDIAC BIOMARKERS AND LIPID PANEL
Accession #: ACC-2025-L9876

RESULTS:

Test Name	Result	Reference Range	Units
Troponin I, High Sensitivity	**<0.01**	<0.04	ng/mL
CK-MB	**1.2**	0.0 - 5.5	ng/mL
Myoglobin	**30**	25-72	ng/mL
Cholesterol, Total	**210**	100-199	mg/dL
Triglycerides	**140**	<150	mg/dL
HDL Cholesterol	**45**	>40	mg/dL
LDL Cholesterol, Calculated	**135**	<100	mg/dL
VLDL Cholesterol	**30**	5-40	mg/dL

Interpretation:
- Cardiac-specific troponin is not elevated, making acute myocardial infarction unlikely.
- Lipid panel shows borderline high total cholesterol and high LDL cholesterol, indicating dyslipidemia. HDL is within the normal range but not optimal.

Reported By:
Automated Clinical Analyzer, verified by J. Smith, MT(ASCP)
LabCorp Downtown, 123 Main St, New York, NY 10001
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■ *CARDIOLOGY CONSULT NOTE*

Report Text:
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Patient: Chandler Bing (MRN: 212)
DOB: 1968-04-08

Date of Consultation: 2025-09-25
Consulting Cardiologist: Dr. Erica Hahn, MD
Referring Provider: Dr. Richard Burke, MD

REASON FOR CONSULTATION: Atypical chest pain.

HISTORY OF PRESENT ILLNESS:
Mr. Bing is a 57-year-old male with a history of hypertension and anxiety, referred by his PCP Dr. Burke for evaluation of intermittent chest discomfort. The patient describes the sensation as a deep pressure located centrally, without radiation. It occurs sporadically, perhaps 2-3 times a day, lasting only a few minutes. He firmly denies any association with physical exertion, and states it can occur while he is sitting at his desk or watching television. He has not identified any consistent triggers. He denies associated shortness of breath, diaphoresis, nausea, or lightheadedness. He has not tried sublingual nitroglycerin. The first episode was approximately two weeks ago. He notes his anxiety has been slightly higher lately due to work deadlines, but feels this sensation is distinct from his usual anxiety symptoms.

PAST MEDICAL HISTORY:
- Essential Hypertension, diagnosed 2020
- Anxiety Disorder, diagnosed 2015
- History of Nicotine Dependence, quit 1999

PAST SURGICAL HISTORY: None.

MEDICATIONS: Lisinopril 10mg daily, Sertraline 50mg daily. He takes Aspirin 81mg daily as per PCP recommendation at his last visit.

ALLERGIES: No Known Drug Allergies.

SOCIAL HISTORY: Works in data analysis. Married, lives with wife. Denies current tobacco use, reports quitting over 20 years ago (1/2 ppd for 10 years prior). Drinks 1-2 glasses of wine per week. No illicit drug use.

REVIEW OF SYSTEMS:
- CONSTITUTIONAL: Denies fever, chills. Reports some work-related stress.
- CARDIOVASCULAR: As per HPI. Denies orthopnea, PND, edema.
- RESPIRATORY: Denies cough, wheezing, dyspnea.
- GASTROINTESTINAL: Denies heartburn, reflux, dysphagia.
- MUSCULO...

■ *ECHOCARDIOGRAM REPORT*

Report Text:
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Patient: Chandler Bing (MRN: 212)
DOB: 1968-04-08
Date of Study: 2025-10-05
Interpreting Physician: Dr. Erica Hahn, MD
Indication: R07.89 - Other chest pain

PROCEDURE: Transthoracic Echocardiogram with Doppler and Color Flow

TECHNIQUE: Standard 2D, M-mode, color flow, and spectral Doppler interrogation was performed from parasternal, apical, and subcostal windows. Images were acquired and digitally stored.

FINDINGS:

1. Left Ventricle: Normal size, wall thickness, and geometry. No evidence of segmental wall motion abnormalities at rest. Estimated ejection fraction is 60-65%. Diastolic function is normal (Grade I diastolic dysfunction, consistent with age and hypertension).

2. Right Ventricle: Normal size and systolic function (TAPSE > 1.7 cm).

3. Atria: Left atrium is mildly dilated. Right atrium is normal in size.

4. Valves:
- **Mitral Valve:** Structurally normal leaflets with no significant stenosis or regurgitation.
- **Aortic Valve:** Trileaflet and structurally normal. No stenosis. Trivial aortic regurgitation.
- **Tricuspid Valve:** Structurally normal. Trivial tricuspid regurgitation. Estimated RVSP is 25 mmHg + RA pressure, suggesting no pulmonary hypertension.
- **Pulmonic Valve:** Structurally normal with no significant stenosis or regurgitation.

5. Pericardium: No pericardial effusion.

6. Aorta: Aortic root appears normal in size.

7. Coronary Arteries: The origins of the right and left main coronary arteries were not well visualized from the standard parasternal short-axis view due to body habitus. This is a limitation of the current study.

IMPRESSION:
1. Normal left ventricular size and preserved systolic function with an estimated EF of 60-65%.
2. No significant valvular pathology.
3. Mild left atrial enlargement, likely secondary to long-standing hypertension.
4. No evidence of pulmonary hypertension...

■ *CARDIOLOGY FOLLOWUP ORDER*

Report Text:
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Patient: Chandler Bing (MRN: 212)
DOB: 1968-04-08
Date of Service: 2025-10-15
Attending: Dr. Erica Hahn, MD

SUBJECTIVE:
Mr. Bing returns for follow-up to discuss his echocardiogram results and ongoing symptoms. He reports continued

intermittent, non-exertional chest pressure, occurring with similar frequency and duration. He has been compliant with the new medications (Metoprolol, Atorvastatin) and reports no side effects. He denies any clear improvement or worsening of the chest discomfort. He remains concerned about a potential cardiac cause.

OBJECTIVE:
- VITALS: BP 124/78 mmHg, HR 65 bpm.
- REVIEW OF ECHOCARDIOGRAM (2025-10-05): The study showed reassuringly normal LV function and no significant valvular disease. However, as noted in the report, the visualization of the coronary ostia was suboptimal. This is a key limitation in the context of his symptoms.

ASSESSMENT AND PLAN:
Mr. Bing continues to have atypical chest pain despite a grossly normal TTE. While non-cardiac causes remain possible, the persistence of his symptoms and the incomplete anatomical evaluation from the echo are concerning. A standard stress test (exercise or pharmacologic) is less indicated here, as the primary question is not one of flow limitation from atherosclerotic disease (which stress testing assesses), but rather a potential anatomical anomaly. An anomalous coronary artery (e.g., origin from the wrong sinus, or an intramural course) can present with intermittent, non-exertional chest pain, and would not be detected by a stress test unless it causes significant ischemia, which is not guaranteed.

Given the need for definitive anatomical information, especially in light of the suboptimal echo views of the coronary origins, the most appropriate next step is direct coronary imaging.

PLAN/ORDERS:
1. **Order Procedure:** Cardiac CT Angiography (CTA) with contrast (CPT 75574) to definitively evaluate the origin, course, an...
