

CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 227 | MRN: MRN-227-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Amy Sosa
DOB:	1983-03-25
Gender:	female
Race:	Hispanic
Height:	5 ft 1 in
Weight:	125 lbs
Telecom:	314-555-0182
Address:	455 N. 10th Street, St. Louis, MO 63101
Marital Status:	Divorced
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Emergency Contact
Name:	Adam Dubanowski
Telecom:	314-555-0183
Address:	112 W. Main Street, St. Louis, MO 63101
Gender:	male
Organization:	N/A
Period Start:	2005-01-01
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Eleanor Shellstrop, MD
Managing Organization:	Cloud 9 Wellness Center

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Aetna
Plan Name:	Cloud 9 Employee Plan

Plan Type:	PPO
Group ID:	GRP-CLD9
Group Name:	Cloud 9 Corporation
Member ID:	MBR-AMY-SOSA-82
Policy Number:	POL-AET-2024-9876
Effective Date:	2015-01-01
Termination Date:	ongoing
Copay:	\$40
Deductible:	\$1000
SUBSCRIBER	
Subscriber ID:	MBR-AMY-SOSA-82
Subscriber Name:	Amy Sosa
Relationship:	Self
Subscriber DOB:	1983-03-25
Subscriber Address:	455 N. 10th Street, St. Louis, MO 63101

II. MEDICAL BIOGRAPHY & HISTORY

Amy Sosa is a 41-year-old divorced mother of two who works as a floor supervisor at the Cloud 9 superstore in St. Louis. Her job is a significant source of both physical and mental stress, involving long hours on her feet, managing a diverse team, and frequent physically demanding tasks. She has a history of generalized anxiety, which is well-managed with medication, but her demanding schedule makes it difficult to maintain a consistent diet and exercise regimen outside of work.

Medically, Ms. Sosa is being managed for several chronic conditions that contribute to her cardiovascular risk profile. She has a diagnosis of essential hypertension and hyperlipidemia, for which she takes daily medication. Recent lab work also confirmed a state of prediabetes. Her family history is notable for premature coronary artery disease in her father, a fact that causes her significant concern given her recent symptoms. The current clinical picture began about a month ago, with the onset of chest tightness that occurs predictably with heavy exertion. This led her to seek evaluation, prompting a referral to cardiology for a more detailed workup. The results of an initial stress test were inconclusive, necessitating this request for a more definitive myocardial perfusion study to rule out ischemic heart disease.

III. CLINICAL REPORTS & IMAGING

■ CARDIOLOGY CONSULT NOTE

Report Text:

CARDIOLOGY CONSULTATION NOTE

PATIENT: Amy Sosa (MRN: MRN-227)

DATE OF SERVICE: 2024-05-17

REFERRING PROVIDER: Dr. Eleanor Shellstrop, MD

CONSULTING PROVIDER: Dr. Robert Chase, MD

****REASON FOR CONSULTATION:**** Evaluation of exertional chest pain.

****HISTORY OF PRESENT ILLNESS:****

Ms. Amy Sosa is a 41-year-old female with a history of hypertension and hyperlipidemia who presents for evaluation of intermittent chest tightness. The patient was referred by her PCP, Dr. Shellstrop, after she reported several episodes of substernal chest pressure over the past month. She describes the sensation as a 'tightness' or 'squeezing', rating it a 4/10 in severity. These episodes are exclusively associated with significant physical exertion, specifically when she is rushing to restock heavy items at her job or climbing multiple flights of stairs. The discomfort typically lasts for 2-3 minutes and resolves completely with rest. She denies any radiation of the pain to her arms, jaw, or back. There are no associated symptoms such as diaphoresis, nausea, vomiting, or frank syncope, though she does report some mild shortness of breath during these episodes, which she attributes to the exertion itself.

She has not identified any other specific triggers. The symptoms do not occur at rest and have not woken her from sleep. She denies any relationship to meals. She has tried taking over-the-counter ibuprofen for unrelated headaches, which had no effect on the chest discomfort. The frequency of these episodes is about two to three times per week, corresponding with her more physically demanding days at work. She is understandably anxious about these symptoms, given her family history of heart disease.

****PAST MEDICAL HISTORY:****

1. ****Essential Hypertension:**** Diagnosed 2022. Previously on Lisinopril 10mg. BP has been borderline elevated.
2. ****Hyperlipidemia:**** Diagnosed 2023. Managed with Atorvastatin 20mg daily.
3. ****Generalized Anxiety Disorder:**** Diagnosed 2021. Managed

■ INITIAL PCP VISIT NOTE

Report Text:

PRIMARY CARE VISIT NOTE

PATIENT: Amy Sosa (MRN: MRN-227)

DATE OF SERVICE: 2024-05-10

PROVIDER: Dr. Eleanor Shellstrop, MD

SUBJECTIVE:

Ms. Amy Sosa, a 41-year-old female, presents to the clinic today for a scheduled follow-up for her chronic conditions (hypertension, hyperlipidemia) and to discuss a new complaint of intermittent chest tightness. She has been managing her conditions with medication but has had scheduling difficulties for a follow-up until now.

Her primary concern today is the new onset of chest discomfort, which began approximately one month ago. She describes it as a 'pressure' in the center of her chest. It occurs 2-3 times per week, always during periods of intense physical activity at work, such as lifting heavy boxes or running across the store. The sensation does not radiate. It lasts for a few minutes and is relieved by stopping the activity and resting. She rates the pain as 4/10. She denies associated nausea, sweating, or pain in her arm or jaw, but does feel 'a bit winded'. She is worried because her father had a heart attack in his 50s. She has not had any episodes at rest.

For her chronic conditions, she reports good medication adherence. She checks her blood pressure at a store kiosk occasionally and notes it's 'usually in the 130s over 80s'. She has been trying to improve her diet but finds it

challenging with her demanding job and role as a single mother. She denies any medication side effects.

PAST MEDICAL HISTORY: Hypertension, Hyperlipidemia, Generalized Anxiety Disorder, Prediabetes.

MEDICATIONS: Lisinopril 10mg, Atorvastatin 20mg, Sertraline 50mg, Metformin 500mg, daily multivitamin.

ALLERGIES: Penicillin (rash).

SOCIAL HISTORY: Divorced, mother of two. Works as a floor manager at Cloud 9. Denies smoking. Drinks 1-2 alcoholic beverages per week. Stresses of work and single parenthood are significant.

REVIEW OF SYSTEMS: Otherwise negative. She denies fever, pal...

■ LAB RESULTS COMPREHENSIVE

Report Text:

DOWNTOWN LAB CORP - LABORATORY REPORT

PATIENT NAME: Sosa, Amy

MRN: MRN-227

DOB: 1983-03-25 (Age 41)

ACCESSION #: LABC-734511

ORDERING PHYSICIAN: Dr. Eleanor Shellstrop, MD

COLLECTION DATE: 2024-05-12 08:00

REPORT DATE: 2024-05-12 16:00

LIPID PANEL

TEST NAME | RESULT | FLAG | REFERENCE RANGE | UNITS

|-----|-----|-----|-----|

CHOLESTEROL, TOTAL | 215 | H | <200 | mg/dL

TRIGLYCERIDES | 160 | H | <150 | mg/dL

HDL CHOLESTEROL | 42 | L | >40 | mg/dL

LDL CHOLESTEROL, CALC | 140 | H | <100 | mg/dL

LDL/HDL RATIO: 3.33 (Reference: <3.22)

COMMENT: The lipid profile indicates dyslipidemia with elevated total cholesterol, triglycerides, and calculated LDL cholesterol. HDL cholesterol is near the lower end of the normal range. These values place the patient at increased cardiovascular risk.

HEMOGLOBIN A1c

TEST NAME | RESULT | FLAG | REFERENCE RANGE | UNITS

|-----|-----|-----|-----|

HEMOGLOBIN A1c | 5.8 | H | 4.8 - 5.6 | %

COMMENT: Result is in the prediabetic range, consistent with patient's known history.

COMPREHENSIVE METABOLIC PANEL (CMP)

TEST NAME | RESULT | FLAG | REFERENCE RANGE | UNITS

|-----|-----|-----|-----|

GLUCOSE | 102 | H | 65 - 99 | mg/dL

UREA NITROGEN (BUN) | 15 | | 7 - 25 | mg/dL

CREATININE | 0.8 | | 0.5 - 1.1 | mg/dL

eGFR | >60 | ...

■ STRESS TEST REPORT

Report Text:

STRESS ECHOCARDIOGRAPHY REPORT

PATIENT: Amy Sosa (MRN: MRN-227)

DATE OF SERVICE: 2024-05-24

ACCESSION #: IMG-2024-54321

REFERRING PROVIDER: Dr. Eleanor Shellstrop, MD

INTERPRETING PHYSICIAN: Dr. Robert Chase, MD

INDICATION: Exertional chest pain. Evaluate for inducible ischemia.

PROCEDURE:

Combined treadmill exercise stress test and 2D echocardiography. Resting echocardiographic images of the left ventricle were obtained in parasternal long-axis, parasternal short-axis, apical four-chamber, and apical two-chamber views. The patient then exercised on a standard Bruce protocol treadmill. Heart rate, blood pressure, and a 12-lead ECG were monitored continuously. The patient was encouraged to exercise until symptoms, fatigue, or diagnostic criteria were met. Immediately post-exercise, repeat echocardiographic images were obtained in the same views for comparison.

STRESS TEST DATA:

- **Protocol:** Standard Bruce Protocol

- **Exercise Duration:** 7 minutes and 30 seconds (Stage 3)

- **Maximum Heart Rate:** 157 bpm (88% of age-predicted maximum of 179 bpm)

- **Maximum Blood Pressure:** 175/92 mmHg

- **Reason for Termination:** Patient fatigue and dyspnea.

- **Symptoms during Test:** At peak exercise, the patient reported chest tightness similar to her presenting symptom.

- **ECG Findings:**

- **Resting ECG:** Normal sinus rhythm, rate 75 bpm. No significant ST-T wave abnormalities.

- **Exercise ECG:** Sinus tachycardia. No significant ST elevation. At peak exercise, developed 1.0 - 1.5 mm of horizontal ST-segment depression in leads V5, V6, and aVL. These changes resolved within 2 minutes of recovery.

- **Arrhythmias:** None observed.

ECHOCARDIOGRAPHY FINDINGS:

1. Resting Echocardiogram:

- **Left Ventricle:** Normal left ventricular size and wall thickness. Estimated ejection fraction (LVEF) is 60-65%. No regional wall motion a...

■ PATIENT CHART SUMMARY

Report Text:

PATIENT CHART SUMMARY FOR PRIOR AUTHORIZATION

****PATIENT:**** Amy Sosa (MRN: MRN-227)

****DOB:**** 1983-03-25

****DATE OF SUMMARY:**** 2024-05-28

****PRIMARY CARE PROVIDER:**** Dr. Eleanor Shellstrop, MD

****PURPOSE:**** To provide clinical justification for the prior authorization request of a Myocardial Perfusion Imaging study (CPT 78452).

****ACTIVE PROBLEM LIST:****

- Exertional Chest Pain (R07.4) - New, under investigation
- Essential Hypertension (I10)
- Hyperlipidemia (E78.5)
- Prediabetes (R73.03)
- Generalized Anxiety Disorder (F41.1)

****HISTORY OF PRESENTING CONCERN:****

Ms. Sosa is a 41-year-old female with a significant family history of premature coronary artery disease (father with MI at age 55). She initially presented to her PCP, Dr. Shellstrop, on 2024-05-10 with a one-month history of intermittent, substernal chest pressure. The patient describes these episodes as occurring exclusively with physical exertion at her demanding job. The symptoms last for 2-3 minutes, are rated 4/10 in severity, and resolve promptly with rest. The character of the pain is highly suggestive of stable angina pectoris.

****PERTINENT CLINICAL EVALUATION TIMELINE:****

1. ****PCP Visit (2024-05-10 with Dr. Shellstrop):****

- Patient reported classic anginal symptoms.
- Vitals: BP was elevated at 138/85 mmHg.
- Plan: An urgent referral was made to cardiology, and comprehensive labs were ordered.

2. ****Laboratory Results (2024-05-12):****

- Lipid Panel: Significantly abnormal with Total Cholesterol 215 mg/dL, Triglycerides 160 mg/dL, and LDL 140 mg/dL.
- Hemoglobin A1c: 5.8%, confirming prediabetes.

3. ****Cardiology Consultation (2024-05-17 with Dr. Chase):****

- Dr. Chase assessed the patient and agreed that the symptoms were highly suspicious for stable angina, warranting

further cardiac workup.

- Resting EKG was normal.
- A stress echocardiogram was ordered as the initial functional test.

4. **Stress Echocardiogram (2024-05-24, interpreted by
