CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 219 | MRN: MRN-219-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Pam Beesly
DOB:	1979-03-25
Gender:	female
Race:	Caucasian
Height:	5 ft 6 in
Weight:	135 lbs
Telecom:	570-555-0143
Address:	139 Mulberry Lane, Scranton, PA 18503
Marital Status:	Married
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Spouse
Name:	Jim Halpert
Telecom:	570-555-0144
Address:	139 Mulberry Lane, Scranton, PA 18503
Gender:	male
Organization:	N/A
Period Start:	2016-10-01T00:00:00Z
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Michelle Albright, MD
Managing Organization:	Scranton General Hospital

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

Plan Type:	PPO
Group ID:	DMGROUP-456
Group Name:	Dunder Mifflin Paper Company
Member ID:	AET-789123456
Policy Number:	POL-DM-987654
Effective Date:	2015-01-01
Termination Date:	ongoing
Copay:	$40
Deductible:	$1000
SUBSCRIBER	
Subscriber ID:	MEM-789123456
Subscriber Name:	Pam Beesly
Relationship:	Self
Subscriber DOB:	1979-03-25
Subscriber Address:	139 Mulberry Lane, Scranton, PA 18503

II. MEDICAL BIOGRAPHY & HISTORY

Pam Beesly is a 46-year-old office administrator, artist, and mother of two residing in Scranton, Pennsylvania. She has a generally calm and observant demeanor but has an underlying history of anxiety, for which she is medically managed. For the past few months, she has been experiencing a persistent sense of fatigue that she initially dismissed as stress from her demanding job and home life. She maintains a reasonably healthy lifestyle, though she admits her exercise routine has been sporadic. She does not smoke and consumes alcohol only on a social basis.

During a recent annual physical, her long-time primary care physician noted a new heart murmur, a finding that had not been present on prior examinations. This, combined with an abnormal electrocardiogram (ECG) showing non-specific T-wave changes, prompted an urgent referral to a cardiologist. The cardiologist, Dr. Martin, has recommended a stress echocardiogram to investigate the murmur further, seeking to rule out any underlying structural heart disease, such as a valvular issue, which could be the cause of her fatigue. Ms. Beesly is understandably concerned about these new findings and is eager to proceed with the recommended diagnostic tests to understand the cause of her symptoms and ensure her long-term health.

III. CLINICAL REPORTS & IMAGING

■ *PRIMARY CARE NOTE 20251015*

Report Text:
SUBJECTIVE: Ms. Pam Beesly, a 46-year-old female, presents for her annual wellness exam. She reports feeling generally well but mentions experiencing intermittent fatigue over the past few months, which she attributes to a busy work and family schedule. She denies any chest pain, palpitations, shortness of breath, orthopnea, or paroxysmal nocturnal dyspnea. No syncope or presyncope. She is an avid artist and has noticed some mild hand cramps but otherwise feels fine. Review of systems is otherwise negative.

OBJECTIVE:

VITALS: BP 138/85 mmHg (elevated), HR 78 bpm, RR 16, Temp 98.6 F, SpO2 99% on room air.
GENERAL: Well-appearing, well-nourished female in no acute distress.
HEART: Regular rate and rhythm. On auscultation, a new grade 2/6 systolic ejection murmur is noted, best heard at the left sternal border. No gallops or rubs. S1 and S2 are normal. Carotid upstrokes are brisk and without bruits. Peripheral pulses are 2+ and symmetric.
LUNGS: Clear to auscultation bilaterally. No wheezes, rales, or rhonchi.
ABDOMEN: Soft, non-tender, non-distended. Bowel sounds are normoactive.
EXTREMITIES: No cyanosis, clubbing, or edema.

ASSESSMENT:
1. New Heart Murmur (R01.1): The finding of a new systolic murmur in the setting of reported fatigue warrants further investigation to rule out underlying structural or valvular heart disease, such as aortic stenosis or mitral valve prolapse.
2. Essential Hypertension (I10): Blood pressure is slightly elevated today. Patient is generally compliant with her medication (Lisinopril), but we will re-evaluate at her next visit.
3. Generalized Anxiety Disorder (F41.9): Stable on current medication regimen.

PLAN:
1. Immediate Workup: An in-office 12-lead electrocardiogram (ECG) was performed to establish a baseline and check for any ischemic or arrhythmic changes.
2. Referral: I have placed an urgent referral to Cardiology for consultation and further evaluation of the heart murmur. Dr. Angela Martin at Scranton Cardiology Associates ...

■ *ECG REPORT 20251015*

Report Text:
PROCEDURE: 12-lead Electrocardiogram

REASON FOR STUDY: Evaluation of a newly auscultated heart murmur.

INTERPRETATION:
- Rhythm: Normal Sinus Rhythm
- Heart Rate: 76 bpm
- PR Interval: 164 ms
- QRS Duration: 88 ms
- QT/QTc: 410/435 ms
- P-R-T Axes: 65, 55, 60 degrees

FINDINGS: The rhythm is sinus. The ventricular rate is 76 beats per minute. The PR, QRS, and QT intervals are within normal limits. The axis is normal. There is no significant ST segment elevation or depression to suggest acute ischemia. T-waves are inverted in leads V5 and V6. These are non-specific T-wave abnormalities.

IMPRESSION:
1. Normal sinus rhythm.
2. Non-specific T-wave abnormalities in the lateral leads (V5-V6).

RECOMMENDATION: The ECG findings are abnormal but non-specific. Given the clinical context of a new heart

murmur, these changes may represent underlying structural changes or left ventricular strain. Clinical correlation and further evaluation via echocardiography are strongly recommended. The patient has been referred to cardiology for further management.

■ *CARDIOLOGY CONSULT 20251020*

Report Text:
CHIEF COMPLAINT: Abnormal heart sound.

HISTORY OF PRESENT ILLNESS: Ms. Pam Beesly is a pleasant 46-year-old female referred by her primary care provider, Dr. Michelle Albright, for evaluation of a newly discovered heart murmur. The patient was seen for a routine physical on 10/15/2025, where the murmur was first noted. The patient reports some generalized fatigue for several months but has had no overt cardiovascular symptoms such as chest pain, dyspnea on exertion, orthopnea, PND, or palpitations. An in-office ECG performed by Dr. Albright showed non-specific T-wave abnormalities, which prompted this referral. The patient is here today for a full evaluation and to discuss next steps.

PAST MEDICAL HISTORY: Essential Hypertension (diagnosed 2022), Generalized Anxiety Disorder (diagnosed 2018).

PAST SURGICAL HISTORY: None.

MEDICATIONS: Lisinopril 10mg daily, Metoprolol Succinate 25mg daily, Atorvastatin 20mg daily, Escitalopram 10mg daily, and a daily multivitamin.

ALLERGIES: No Known Drug Allergies.

SOCIAL HISTORY: The patient is married and lives with her husband and two children in Scranton, PA. She works as an office administrator. She denies any history of tobacco use. She drinks alcohol socially, approximately 2-3 glasses of wine per week. She does not use illicit drugs. She enjoys painting and walks for exercise, though she admits her routine has been inconsistent recently.

FAMILY HISTORY: Mother with hypertension. Father with hyperlipidemia. No known family history of premature coronary artery disease, cardiomyopathy, or sudden cardiac death.

REVIEW OF SYSTEMS: As per HPI. Otherwise, negative for fever, chills, weight loss, syncope, edema, cough, or claudication.

PHYSICAL EXAMINATION:
VITALS: BP 134/82 mmHg, HR 72 bpm, RR 16, SpO2 98% RA.
HEART: RRR, S1/S2 normal. A grade 2/6 mid-systolic ejection murmur is clearly audible, loudest at the left upper sternal border. The murmur does not radiate to the carotids. No diastolic murmur. No clicks or gallops....

■ *LAB REPORT COMPREHENSIVE 20251020*

Report Text:
PATIENT: Pam Beesly, DOB: 1979-03-25
ORDERING PHYSICIAN: Dr. Angela Martin, MD

COLLECTION DATE: 2025-10-20 09:00
REPORT DATE: 2025-10-20 11:30

Comprehensive Metabolic Panel

Test Name Result Unit Reference Range

SODIUM 140 mmol/L 136-145
POTASSIUM 4.1 mmol/L 3.5-5.1
CHLORIDE 101 mmol/L 98-107
CARBON DIOXIDE 25 mmol/L 22-29
GLUCOSE 92 mg/dL 65-99
UREA NITROGEN (BUN) 14 mg/dL 6-20
CREATININE 0.8 mg/dL 0.57-1.00
eGFR >60 mL/min/1.73m2 >59
CALCIUM 9.5 mg/dL 8.6-10.3
PROTEIN, TOTAL 7.1 g/dL 6.0-8.3
ALBUMIN 4.2 g/dL 3.5-5.2
BILIRUBIN, TOTAL 0.6 mg/dL 0.1-1.2
ALKALINE PHOSPHATASE 78 IU/L 39-117
AST (SGOT) 22 IU/L 0-32
ALT (SGPT) 25 IU/L 0-33

Lipid Panel

Test Name Result Unit Reference Range

CHOLESTEROL, TOTAL 190 mg/dL <200 (Desirable)
TRIGLYCERIDES 110 mg/dL <150 (Desirable)
HDL CHOLESTEROL 55 mg/dL >39 (Desirable)
LDL CHOLESTEROL (CALC)113 mg/dL <100 (Optimal)

END OF REPORT

■ *PATIENT HISTORY SUMMARY*

Report Text:
This is a medical history summary for Ms. Pam Beesly (DOB 1979-03-25), prepared on October 21, 2025.

The patient is a 46-year-old female with a known history of essential hypertension since 2022 and generalized anxiety disorder since 2018. Her conditions are reportedly stable and well-managed with a daily regimen of Lisinopril, Metoprolol, and Escitalopram. She also takes Atorvastatin for lipid management.

On October 15, 2025, during a routine annual examination with her primary care provider, Dr. Michelle Albright, a new grade 2/6 systolic ejection murmur was auscultated. The patient reported several months of non-specific fatigue but denied any specific cardiorespiratory symptoms like chest pain or dyspnea. An electrocardiogram was performed on the same day, which was interpreted as abnormal due to the presence of non-specific T-wave abnormalities in the

lateral precordial leads.

Following these findings, Ms. Beesly was referred to Dr. Angela Martin at Scranton Cardiology Associates for specialist evaluation. She was seen in consultation on October 20, 2025. Dr. Martin confirmed the presence of the murmur and noted the patient's history and ECG results. Comprehensive lab work, including a metabolic panel and lipid panel, was performed on the same day and revealed no significant abnormalities.

Based on the combination of a new heart murmur, abnormal ECG findings, and the patient's symptom of fatigue, Dr. Martin has recommended a Stress Echocardiogram (CPT 93350) to fully evaluate cardiac structure, valvular function, and to rule out any underlying hemodynamically significant pathology or ischemic heart disease. A prior authorization request for this procedure has been initiated. The patient is scheduled to follow up with cardiology after the completion of the recommended study.
