

CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 229 | MRN: MRN-229-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Gerri Kellman
DOB:	1965-08-12
Gender:	female
Race:	Caucasian
Height:	5 ft 6 in
Weight:	145 lbs
Telecom:	917-555-2023
Address:	15 Central Park West, New York, NY 10023
Marital Status:	Divorced
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Next of Kin
Name:	Elara Kellman
Telecom:	917-555-3034
Address:	15 Central Park West, New York, NY 10023
Gender:	female
Organization:	N/A
Period Start:	1990-01-01
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Eleanor Vance, MD
Managing Organization:	Manhattan Medical Group

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

Plan Type:	PPO
Group ID:	WAYSTAR-6000
Group Name:	Waystar RoyCo
Member ID:	WSR-987654321
Policy Number:	AET-2024-98765
Effective Date:	2015-01-01
Termination Date:	ongoing
Copay:	\$50
Deductible:	\$1500
SUBSCRIBER	
Subscriber ID:	WSR-987654321
Subscriber Name:	Gerri Kellman
Relationship:	Self
Subscriber DOB:	1965-08-12
Subscriber Address:	15 Central Park West, New York, NY 10023

II. MEDICAL BIOGRAPHY & HISTORY

Gerri Kellman is a highly intelligent and pragmatic 59-year-old female, serving as the General Counsel for the global media conglomerate Waystar RoyCo. Her life is characterized by high-stress negotiations and long work hours, leaving little time for consistent self-care. She presents with a history of hypertension, which she has managed with medication for several years, though her control has been borderline, likely exacerbated by her demanding career.

Recently, Ms. Kellman began experiencing new-onset substernal chest pressure, which is predictably triggered by physical exertion and resolves with rest. This symptom has prompted a cardiac evaluation due to her risk profile, which includes her age, hypertension, a family history of coronary artery disease in her father, and recently discovered hyperlipidemia. She is a non-smoker and consumes alcohol only socially and in moderation. Her primary goal is to address this new health concern with minimal disruption to her professional responsibilities, and she is keen to understand the underlying cause and pursue an evidence-based, efficient treatment path.

The current clinical picture, including a positive stress echocardiogram showing reversible ischemia, has led her cardiologist, Dr. Arjun Mehta, to recommend a Cardiac MRI. This is intended to further clarify the extent of ischemia and assess myocardial viability before considering more invasive procedures like coronary angiography. Ms. Kellman is an active participant in her care, asking insightful questions and seeking to understand the full rationale behind each diagnostic step.

III. CLINICAL REPORTS & IMAGING

■ PCP PROGRESS NOTE

Report Text:

SUBJECTIVE:

Ms. Gerri Kellman, a 59-year-old female, presents for an urgent office visit today due to new onset of chest discomfort. She describes the sensation as a 'pressure' located substernally, which she first noticed about 3 weeks ago. Initially, it was infrequent, but over the past week, it has occurred 4-5 times. The discomfort is primarily

associated with exertion, specifically when she is walking quickly uphill to her office or during her weekend tennis matches. It does not radiate to her arms, jaw, or back. The sensation lasts for approximately 2-3 minutes and consistently resolves with rest. She denies any associated shortness of breath, diaphoresis, nausea, or palpitations during these episodes. She has not tried any medication for it. She denies any pain at rest.

Her history is significant for well-managed essential hypertension and hyperlipidemia. She is reportedly compliant with her medications. No recent medication changes.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Denies fever, chills, weight loss. Reports high levels of work-related stress.

CARDIOVASCULAR: As per HPI. Denies orthopnea, PND, or lower extremity edema.

RESPIRATORY: Denies cough, wheezing, or dyspnea at rest.

GASTROINTESTINAL: Denies heartburn, reflux, or abdominal pain.

All other systems reviewed and are negative.

OBJECTIVE:

VITALS: BP 148/92 mmHg (right arm, seated), HR 88 bpm (regular), RR 16/min, Temp 98.6 F, SpO₂ 99% on room air.

GENERAL: Well-appearing, well-nourished female in no acute distress.

HEART: RRR, S1/S2 normal. No murmurs, gallops, or rubs. Carotid upstrokes are 2+ and symmetric without bruits.

LUNGS: Clear to auscultation bilaterally. No wheezes or crackles.

ABDOMEN: Soft, non-tender, non-distended. Bowel sounds are normoactive.

EXTREMITIES: No cyanosis, clubbing, or edema. Pulses are 2+ and symmetric throughout.

ASSESSMENT:

1. Atypical Chest Pain (R07.89): The exertional nature is concerning for a cardiac etiology, likely stable angina, despite the 'atypical' descriptor...

■ CARDIOLOGY CONSULT NOTE

Report Text:

REASON FOR CONSULTATION: Evaluation of exertional chest pain.

HISTORY OF PRESENT ILLNESS:

Ms. Gerri Kellman is a pleasant 59-year-old female with a history of hypertension and hyperlipidemia, referred by Dr. Eleanor Vance for evaluation of new-onset chest discomfort. The patient provides a very clear history, stating that for the last month, she has experienced a substernal pressure-like sensation provoked by significant exertion. She gives examples such as 'rushing to a meeting' or 'climbing several flights of stairs'. The discomfort is not severe, rating it a 4/10, but it is bothersome and causes her to stop and rest. Upon cessation of activity, the pressure completely resolves within 2-3 minutes. She has not experienced radiation of the pain to the jaw, neck, or arms. There is no associated dyspnea, diaphoresis, lightheadedness, or nausea. She has not had any episodes at rest or during sleep.

She reports a high-stress job as a corporate counsel, often working long hours. She denies any recent illness, trauma, or changes in her daily routine aside from the onset of these symptoms. Her primary care physician, Dr. Vance, initiated daily Aspirin 81mg and obtained an EKG which was reportedly normal.

PAST MEDICAL HISTORY:

1. Essential Hypertension - diagnosed approx. 7 years ago.

2. Hyperlipidemia - diagnosed approx. 3 years ago.

PAST SURGICAL HISTORY: None.

CURRENT MEDICATIONS:

1. Lisinopril 20mg daily
2. Amlodipine 10mg daily
3. Hydrochlorothiazide 25mg daily
4. Atorvastatin 40mg daily
5. Aspirin 81mg daily (recently started)

ALLERGIES: No Known Drug Allergies.

SOCIAL HISTORY:

Patient is divorced, lives alone in an apartment in Manhattan. She is the General Counsel for Waystar RoyCo. She drinks 1-2 glasses of wine socially per week. Denies any past or present tobacco use. She exercises intermittently, playing tennis on weekends, but admits her schedule often limits regular activity.

FAMILY HISTORY:

Father had coronary artery disease, diagnosed in his late...

■ LAB REPORT COMPREHENSIVE

Report Text:

Patient: Gerri Kellman

MRN: MRN-229

DOB: 1965-08-12

Collected: 2025-04-19 08:00

Reported: 2025-04-20 10:12

Ordering Provider: Dr. Eleanor Vance, MD

COMPREHENSIVE METABOLIC PANEL ---

SODIUM: 140 mEq/L (Ref: 136-145)

POTASSIUM: 4.1 mEq/L (Ref: 3.5-5.1)

CHLORIDE: 101 mEq/L (Ref: 98-107)

CO2: 24 mEq/L (Ref: 21-32)

GLUCOSE: 95 mg/dL (Ref: 70-100)

BUN: 18 mg/dL (Ref: 7-20)

CREATININE: 0.8 mg/dL (Ref: 0.6-1.2)

CALCIUM: 9.4 mg/dL (Ref: 8.5-10.2)

TOTAL PROTEIN: 7.1 g/dL (Ref: 6.0-8.3)

ALBUMIN: 4.2 g/dL (Ref: 3.5-5.2)

BILIRUBIN, TOTAL: 0.7 mg/dL (Ref: 0.1-1.2)

ALKALINE PHOSPHATASE: 78 U/L (Ref: 35-104)

AST (SGOT): 25 U/L (Ref: 10-40)

ALT (SGPT): 28 U/L (Ref: 7-56)

LIPID PANEL ---

CHOLESTEROL, TOTAL: 225 mg/dL (Ref: <200) - HIGH

TRIGLYCERIDES: 180 mg/dL (Ref: <150) - HIGH

HDL CHOLESTEROL: 45 mg/dL (Ref: >40) - NORMAL

LDL CHOLESTEROL (CALCULATED): 155 mg/dL (Ref: <100) - HIGH

CHOLESTEROL/HDL RATIO: 5.0 (Ref: <4.5) - HIGH

CARDIAC MARKERS ---

High-Sensitivity Troponin I: <0.01 ng/mL (Ref: <0.04) - NORMAL

COMPLETE BLOOD COUNT ---

WHITE BLOOD CELL COUNT: 6.8 K/uL (Ref: 4.5-11.0)

RED BLOOD CELL COUNT: 4.7 M/uL (Ref: 4.2-5.4)

HEMOGLOBIN: 14.1 g/dL (Ref: 12.0-16.0)

HEMATOCRIT: 42.1 % (Ref: 37.0-47.0)

PLATELET COUNT: 255 K/uL (Ref: 150-450)

END OF REPORT ---

■ STRESS ECHOCARDIOGRAM REPORT

Report Text:

Indication: Exertional chest pain. Rule out myocardial ischemia.

Procedure: Exercise Stress Echocardiogram (Bruce Protocol)

TECHNIQUE:

Resting 2D transthoracic echocardiogram images were obtained in standard views. The patient then exercised on a treadmill according to the standard Bruce protocol. Heart rate, blood pressure, and a 12-lead ECG were monitored throughout. The patient exercised for 7 minutes and 30 seconds, achieving 92% of her age-predicted maximum heart rate (target 159 bpm, achieved 146 bpm). Peak heart rate was 146 bpm. Peak blood pressure was 188/96 mmHg. The test was terminated due to patient fatigue and the achievement of target heart rate. The patient reported mild substernal pressure at peak exertion, which resolved within 2 minutes of recovery. There were no life-threatening arrhythmias. Post-exercise echocardiographic images were obtained within 60 seconds of test termination.

FINDINGS:

1. RESTING ECHOCARDIOGRAM:

- Left Ventricle: Normal left ventricular size, wall thickness, and global systolic function. Estimated Ejection Fraction (LVEF) is 60-65%. No regional wall motion abnormalities at rest.
- Right Ventricle: Normal size and systolic function.
- Atria: Normal left and right atrial size.
- Valves: Structurally normal aortic, mitral, tricuspid, and pulmonic valves. No significant stenosis or regurgitation.
- Pericardium: No pericardial effusion.

2. STRESS ECHOCARDIOGRAM:

- ECG Response: At peak exercise, there was 1.5mm of horizontal ST-segment depression in leads V4-V6.

- Hemodynamic Response: Appropriate hemodynamic response to exercise.
- Symptomatic Response: Patient reported typical chest pressure at peak exertion.
- Wall Motion Analysis: Compared to the resting state, the post-exercise images demonstrated new regional wall motion abnormalities. Specifically, there was moderate hypokinesis of the mid to apical anterior and anteroseptal walls.

IMPRESSION:

1. POSITIVE STRE...

■ CARDIOLOGY FOLLOW UP NOTE

Report Text:

SUBJECTIVE:

Ms. Gerri Kellman returns for a follow-up visit to discuss the results of her recent exercise stress echocardiogram. The patient reports she is feeling well and has been compliant with her new medication (Metoprolol). She has had two episodes of mild chest pressure with significant exertion since our last visit, both of which were less intense than before and resolved quickly with rest. She has not had to use her sublingual nitroglycerin. She states she understands the purpose of today's visit is to review her test results and determine the next steps.

OBJECTIVE:

VITALS: BP: 134/82 mmHg, HR: 68 bpm (regular).

PHYSICAL EXAM: Unchanged from previous visit. Heart is regular rate and rhythm, lungs are clear.

REVIEW OF DIAGNOSTICS: I personally reviewed the results of her stress echocardiogram from 2025-05-05 with the patient. I explained that the test was 'positive' for ischemia. Key findings discussed:

- Her resting heart function is normal.
- During stress (exercise), a portion of her heart wall (the anterior and anteroseptal segments) did not contract as robustly as it did at rest.
- This change, in conjunction with the chest pressure and EKG changes she experienced, strongly indicates that a coronary artery supplying that part of her heart is likely narrowed, restricting blood flow during periods of high demand.

ASSESSMENT:

1. Stable Angina, confirmed by positive stress echocardiogram demonstrating reversible ischemia in the LAD territory.
2. Coronary Artery Disease (suspected): The findings from the stress test are highly indicative of underlying obstructive or non-obstructive coronary disease.
3. Hypertension: Improved control on current regimen.

PLAN OF CARE (Medical Necessity Justification):

Based on the clear evidence of myocardial ischemia from the stress echocardiogram, further characterization is crucial for determining the optimal treatment strategy. While coronary angiography is the gold standard for defining anatomy, a Cardiac MRI for mo...
