

CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 214 | MRN: MRN-214-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Tyrion Lannister
DOB:	1975-04-11
Gender:	male
Race:	Caucasian
Height:	4 ft 5 in
Weight:	110 lbs
Telecom:	555-456-7890
Address:	1 Casterly Rock Way, Kings Landing, CA 90210
Marital Status:	Divorced
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Next of Kin
Name:	Jaime Lannister
Telecom:	555-456-7891
Address:	1 Casterly Rock Way, Kings Landing, CA 90210
Gender:	male
Organization:	N/A
Period Start:	2000-01-01
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Pyelle, MD
Managing Organization:	Grand Maester's Clinic

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

Plan Type:	PPO
Group ID:	LANHOLD987
Group Name:	Lannister Holdings
Member ID:	AETN345678912
Policy Number:	POL78912345
Effective Date:	2010-01-01
Termination Date:	ongoing
Copay:	\$50
Deductible:	\$1500
SUBSCRIBER	
Subscriber ID:	AETN345678912
Subscriber Name:	Tyrion Lannister
Relationship:	Self
Subscriber DOB:	1975-04-11
Subscriber Address:	1 Casterly Rock Way, Kings Landing, CA 90210

II. MEDICAL BIOGRAPHY & HISTORY

Tyrion Lannister is a 50-year-old male with a complex medical and social history, currently seeking authorization for an implantable cardioverter-defibrillator. He comes from a wealthy, influential family and holds a high-stress advisory position, which contributes to a demanding lifestyle. His health has been significantly impacted by a history of excessive alcohol consumption, primarily wine, which he has reportedly reduced following a major cardiac event.

His primary clinical issue is ischemic cardiomyopathy, which was diagnosed after he presented with a non-ST elevation myocardial infarction (NSTEMI) in November 2024. A cardiac catheterization at that time revealed single-vessel coronary artery disease and an echocardiogram showed a moderately reduced left ventricular ejection fraction (LVEF) of 40%. This EF places him in a borderline category for ICD therapy based on EF alone. Recently, he developed symptoms of palpitations, which prompted a cardiology consult and a 48-hour Holter monitor study. The study documented multiple runs of non-sustained ventricular tachycardia (NSVT), providing a more urgent, arrhythmia-based indication for considering an ICD for primary prevention of sudden cardiac death.

Socially, Mr. Lannister is divorced and lives alone, though he maintains a close relationship with his brother. He is highly intelligent and articulate, with a deep understanding of his medical condition. However, his cynicism and hedonistic tendencies have historically made lifestyle modifications challenging. He has achondroplasia, which has led to a lifetime of psychosocial and physical challenges, but it does not directly impact his current cardiac condition. He is financially well-resourced but his insurance coverage is being evaluated for this specific procedure.

III. CLINICAL REPORTS & IMAGING

■ CARDIOLOGY CONSULT NOTE

Report Text:

SERVICE DATE: 2025-06-12

PATIENT: Tyrion Lannister

MRN: MRN-214

DOB: 1975-04-11

REASON FOR CONSULTATION: Patient reports intermittent palpitations and a sensation of a 'racing heart'. Referred by his PCP, Dr. Pycelle, for further evaluation.

SUBJECTIVE:

Mr. Lannister is a 50-year-old male with a known history of ischemic cardiomyopathy status-post NSTEMI in late 2024, hypertension, and hyperlipidemia. He presents today complaining of episodes of palpitations that began approximately two months ago. The episodes are sporadic, occurring 2-3 times per week, and can last from a few seconds to a minute. He describes the sensation as a 'fluttering' or 'pounding' in his chest. He denies associated syncope, presyncope, chest pain, or shortness of breath during these episodes. He notes they can occur at rest or with mild exertion and are not associated with any specific triggers. He has a history of significant alcohol use, which he reports has been substantially curtailed since his myocardial infarction.

HISTORY OF PRESENT ILLNESS: The patient's cardiac history is significant for a non-ST elevation myocardial infarction (NSTEMI) in November 2024. At that time, cardiac catheterization revealed a 70% stenosis in the mid-left anterior descending (LAD) artery, which was not revascularized as it was deemed non-flow-limiting. His ejection fraction on echocardiogram at that time was estimated at 40-45%. He was started on optimal medical therapy and has been largely asymptomatic until the recent onset of these palpitations.

PAST MEDICAL HISTORY:

- Ischemic Cardiomyopathy (post-NSTEMI 2024)
- Hypertension
- Hyperlipidemia
- Achondroplasia

PAST SURGICAL HISTORY:

- None cardiovascular. Multiple past injuries related to traumatic events.

SOCIAL HISTORY:

- Occupation: Advisor. Reports a high-stress job.
- Alcohol: Formerly a heavy drinker ('several glasses of wine daily'). Reports consumption is now down to 1-2 glasses of wine per week.
- Tobacco: Denies any history of smoking.
- ...

■ ECHOCARDIOGRAM REPORT

Report Text:

SERVICE DATE: 2024-11-11

PATIENT: Tyrion Lannister

MRN: MRN-214

DOB: 1975-04-11

INDICATION: NSTEMI. Evaluation of left ventricular function and regional wall motion abnormalities.

TECHNIQUE: A complete 2D, M-mode, color flow, and Doppler echocardiogram was performed using standard

parasternal, apical, and subcostal views. Images were acquired and interpreted digitally.

FINDINGS:

LEFT VENTRICLE: The left ventricle is mildly dilated. Left ventricular systolic function is moderately reduced. The estimated left ventricular ejection fraction (LVEF) is 40% by Simpson's biplane method. Regional wall motion abnormalities are present, with hypokinesis of the anterior and anteroseptal walls, consistent with the patient's known territory of coronary disease.

RIGHT VENTRICLE: The right ventricle is normal in size and systolic function.

ATRIA: The left atrium is mildly dilated. The right atrium is normal in size.

VALVES:

- Mitral Valve: Structurally normal with mild (1+) mitral regurgitation.
- Aortic Valve: Structurally normal tri-leaflet valve with no stenosis or significant regurgitation.
- Tricuspid Valve: Structurally normal with trivial (trace) tricuspid regurgitation. Estimated RVSP is 30 mmHg, suggesting normal pulmonary artery pressures.
- Pulmonic Valve: Structurally normal with no significant abnormalities.

PERICARDIUM: No pericardial effusion is seen.

AORTA: The aortic root appears normal in size.

INFERIOR VENA CAVA: Normal diameter with appropriate collapse on inspiration.

IMPRESSION:

1. Moderately reduced left ventricular systolic function with an estimated ejection fraction of 40%.
2. Regional wall motion abnormalities (hypokinesis of the anterior and anteroseptal walls) consistent with ischemic cardiomyopathy in the LAD territory.
3. Mild left atrial enlargement.
4. No other significant valvular or pericardial abnormalities.

Dr. Daenerys Targaryen
King's Landing General Hospital Imaging Center

■ CARDIAC CATHETERIZATION REPORT

Report Text:

SERVICE DATE: 2024-11-11

PATIENT: Tyrion Lannister

MRN: MRN-214

DOB: 1975-04-11

PROCEDURE: Left Heart Catheterization, Coronary Angiography.

INDICATION: NSTEMI.

ACCESS SITE: Right radial artery.

OPERATOR: Dr. Rhaegar Targaryen

DESCRIPTION OF PROCEDURE:

After obtaining informed consent, the patient was brought to the cardiac catheterization laboratory. The right radial area was prepped and draped in the usual sterile fashion. The radial artery was accessed using a micropuncture needle under ultrasound guidance. A 6-French sheath was inserted. The patient was heparinized. Catheters were advanced to the aortic root. Left heart pressures were measured. Selective coronary angiography was then performed.

HEMODYNAMICS:

- Aortic Pressure: 140/85 mmHg
- Left Ventricular End-Diastolic Pressure (LVEDP): 18 mmHg

CORONARY ANGIOGRAPHY FINDINGS:

- LEFT MAIN: Normal. No significant stenosis.
- LEFT ANTERIOR DESCENDING (LAD): Moderate caliber vessel. There is a 70% tubular stenosis in the mid-segment. Distal vessel is of small caliber. Non-flow limiting based on visual assessment. TIMI-3 flow.
- LEFT CIRCUMFLEX (LCX): Dominant vessel. Normal. No significant stenosis. Gives rise to several healthy obtuse marginal branches.
- RIGHT CORONARY ARTERY (RCA): Non-dominant vessel. Normal. No significant stenosis.

VENTRICULOGRAPHY: Left ventriculography was performed and confirms moderately reduced systolic function with an estimated ejection fraction of 40-45%. Anterior and anteroseptal hypokinesis is noted.

INTERVENTION: No percutaneous coronary intervention (PCI) was performed. The 70% mid-LAD lesion was assessed as angiographically significant but likely not the acute culprit lesion and was deferred for optimal medical management, given the stable clinical picture and small distal vessel.

IMPRESSION:

1. Coronary Artery Disease: Single-vessel disease with a 70% stenosis in the mid-LAD.
2. Ischemic Cardiomyopathy: Moderately reduced LVEF of 40-45% with regional wall motion abnorm...

HOLTER MONITOR REPORT

Report Text:

SERVICE DATE: 2025-06-20 to 2025-06-22

PATIENT: Tyrion Lannister

MRN: MRN-214

DOB: 1975-04-11

INDICATION: Palpitations in patient with known ischemic cardiomyopathy.

STUDY: 48-Hour Ambulatory ECG (Holter) Monitor

SUMMARY OF FINDINGS:

- Total Monitored Time: 47 hours, 15 minutes.
- Average Heart Rate: 78 bpm
- Maximum Heart Rate: 135 bpm (during patient-reported activity)
- Minimum Heart Rate: 52 bpm (during sleep)
- Predominant Rhythm: Normal Sinus Rhythm.

VENTRICULAR ECTOPY:

- Total PVCs: 1,452 (<1% of total beats)
- Couplets: 88
- Triplets: 12
- Runs of Non-Sustained Ventricular Tachycardia (NSVT): 5 episodes were recorded. The longest run was 8 beats at a rate of 150 bpm. The fastest run was 6 beats at a rate of 165 bpm. None of the NSVT episodes were sustained for more than 30 seconds.

SUPRAVENTRICULAR ECTOPY:

- Total PACs: 256
- No episodes of supraventricular tachycardia, atrial fibrillation, or atrial flutter were observed.

BRADYCARDIA / PAUSES:

- No sinus pauses greater than 2.5 seconds were detected.
- No AV block was noted.

SYMPTOM CORRELATION:

- The patient pressed the event button three times, reporting 'fluttering'. Two of these events correlated directly with episodes of non-sustained ventricular tachycardia. The third event had frequent PVCs but no NSVT.

IMPRESSION:

1. Underlying Normal Sinus Rhythm.
2. Frequent premature ventricular contractions (PVCs).
3. Multiple episodes of non-sustained ventricular tachycardia (NSVT), with symptomatic correlation. This finding is clinically significant in a patient with ischemic cardiomyopathy and moderately reduced ejection fraction.

RECOMMENDATION:

The presence of symptomatic NSVT in the setting of structural heart disease places the patient at an increased risk for sudden cardiac death. An electrophysiology consultation is strongly recommended to discuss these findings and consider primary prevention with an implantable cardioverter-defibrillator (ICD).

Dr. Qyburn
Dragonstone Cardiology Associates

■ PROGRESS NOTE ICD RECOMMENDATION

Report Text:

SERVICE DATE: 2025-07-10

PATIENT: Tyrion Lannister

MRN: MRN-214

DOB: 1975-04-11

SUBJECTIVE:

Patient returns for follow-up to discuss results of his 48-hour Holter monitor, which he underwent after a cardiology consultation with Dr. Qyburn. Patient states he understands the monitor found 'some irregular heartbeats'. He continues to have intermittent palpitations but denies any syncope, presyncope, or chest pain. He is anxious about the findings and their implications. He remains compliant with his cardiac medications and reports no side effects.

OBJECTIVE:

VITALS: BP 128/80 mmHg, HR 75 bpm, RR 16.

HEART: Regular rate and rhythm, no murmurs.

LUNGS: Clear.

EXTREMITIES: No edema.

ASSESSMENT/PLAN:

REVIEWED RESULTS: I have reviewed Dr. Qyburn's consultation note and the formal Holter monitor report. The key finding is multiple runs of non-sustained ventricular tachycardia (NSVT), which correlate with his symptoms of palpitations. In the context of his ischemic cardiomyopathy and moderately reduced LVEF (40%), this is a significant finding that increases his risk of a future life-threatening arrhythmia.

DISCUSSION: I had a lengthy discussion with Mr. Lannister regarding the significance of these findings. We discussed that while his ejection fraction of 40% does not, by itself, meet the standard primary prevention criteria for an Implantable Cardioverter-Defibrillator (ICD) (which is typically LVEF <= 35%), the presence of symptomatic, documented NSVT significantly elevates his risk profile. An ICD is a device that can detect a dangerous, fast heart rhythm and deliver a shock to restore a normal rhythm, thereby preventing sudden cardiac death.

We discussed the risks and benefits of ICD implantation, including surgical risks (infection, bleeding, pneumothorax), device-related risks (inappropriate shocks, lead failure), and lifestyle implications. We also discussed the alternative, which would be to attempt further medication management (e.g., titrating Amiodarone), but...
