Dear Sample Doctor:,Thank you for referring Mr. Sample Patient for cardiac evaluation. This is a 67-year-old, obese male who has a history of therapy-controlled hypertension, borderline diabetes, and obesity. He has a family history of coronary heart disease but denies any symptoms of angina pectoris or effort intolerance. Specifically, no chest discomfort of any kind, no dyspnea on exertion unless extreme exertion is performed, no orthopnea or PND. He is known to have a mother with coronary heart disease. He has never been a smoker. He has never had a syncopal episode, MI, or CVA. He had his gallbladder removed. No bleeding tendencies. No history of DVT or pulmonary embolism. The patient is retired, rarely consumes alcohol and consumes coffee moderately. He apparently has a sleep disorder, according to his wife (not in the office), the patient snores and stops breathing during sleep. He is allergic to codeine and aspirin (angioedema).,Physical exam revealed a middle-aged man weighing 283 pounds for a height of 5 feet 11 inches. His heart rate was 98 beats per minute and regular. His blood pressure was 140/80 mmHg in the right arm in a sitting position and 150/80 mmHg in a standing position. He is in no distress. Venous pressure is normal. Carotid pulsations are normal without bruits. The lungs are clear. Cardiac exam was normal. The abdomen was obese and organomegaly was not palpated. There were no pulsatile masses or bruits. The femoral pulses were 3+ in character with a symmetrical distribution and dorsalis pedis and posterior tibiales were 3+ in character. There was no peripheral edema. ,He had a

chemistry profile, which suggests diabetes mellitus with a fasting blood sugar of 136 mg/dl. Renal function was normal. His lipid profile showed a slight increase in triglycerides with normal total cholesterol and HDL and an acceptable range of LDL. His sodium was a little bit increased. His A1c hemoglobin was increased. He had a spirometry, which was reported as normal. ,He had a resting electrocardiogram on December 20, 2002, which was also normal. He had a treadmill Cardiolite, which was performed only to stage 2 and was terminated by the supervising physician when the patient achieved 90% of the predicted maximum heart rate. There were no symptoms or ischemia by EKG. There was some suggestion of inferior wall ischemia with normal wall motion by Cardiolite imaging.,In summary, we have a 67-year-old gentleman with risk factors for coronary heart disease. I am concerned with possible diabetes and a likely metabolic syndrome of this gentleman with truncal obesity, hypertension, possible insulin resistance, and some degree of fasting hyperglycemia, as well as slight triglyceride elevation. He denies any symptoms of coronary heart disease, but he probably has some degree of coronary atherosclerosis, possibly affecting the inferior wall by functional testings. ,In view of the absence of symptoms, medical therapy is indicated at the present time, with very aggressive risk factor modification. I explained and discussed extensively with the patient, the benefits of regular exercise and a walking program was given to the patient. He also should start aggressively losing weight. I have requested additional testing

today, which will include an apolipoprotein B, LPa lipoprotein, as well as homocystine, and cardio CRP to further assess his risk of atherosclerosis. ,In terms of medication, I have changed his verapamil for a long acting beta-blocker, he should continue on an ACE inhibitor and his Plavix. The patient is allergic to aspirin. I also will probably start him on a statin, if any of the studies that I have recommended come back abnormal and furthermore, if he is confirmed to have diabetes. Along this line, perhaps, we should consider obtaining the advice of an endocrinologist to decide whether this gentleman needs treatment for diabetes, which I believe he should. This, however, I will leave entirely up to you to decide. If indeed, he is considered to be a diabetic, a much more aggressive program should be entertained for reducing the risks of atherosclerosis in general, and coronary artery disease in particular.,I do not find an indication at this point in time to proceed with any further testing, such as coronary angiography, in the absence of symptoms.,If you have any further questions, please do not hesitate to let me know.,Thank you once again for this kind referral.,Sincerely,,Sample Doctor, M.D.