

INDICATION: , This 69-year-old man is undergoing a preoperative evaluation for anticipated prostate surgery. He is having a transurethral prostate resection performed by Dr. X for treatment of severely symptomatic prostatic hypertrophy. He has recently completed radiation therapy to T11 for a plasmacytoma. He has recently complained of left anterior chest pain, which radiates down the left upper arm towards the elbow. This occurs during quiet periods such as in bed at night. It may last all night and still be present in the morning. It usually dissipates as the day progresses. There are no obvious triggers and there are no obvious alleviating factors. The patient has no known cardiac risk factors. He is currently taking Avodart 0.5 mg daily, Wellbutrin 300 mg daily, Xanax 0.25 mg p.r.n., Uroxatral 10 mg daily, and omeprazole 20 mg daily.

PHYSICAL EXAMINATION: , On physical examination, the patient appears pale and fatigued. He is 66 inches tall, 205 pounds for a body mass index of 32. His resting heart rate is 80. His resting blood pressure is 120/84. His lungs are clear. His heart exam reveals a regular rhythm and normal S1 and S2 without murmur, gallop, or rub appreciated. The carotid upstroke is normal with no bruit identified. The peripheral pulses are intact. The resting electrocardiogram showed a sinus rhythm at 68 beats per minute and is normal.

DESCRIPTION: , The patient exercised according to the standard Bruce protocol stopping at 4 minutes and 39 seconds with fatigue. He did not experience his left anterior chest pain with exercise. He did achieve a maximal heart rate of 129 beats per minute, which is 85% of his maximal

predicted heart rate. His maximal blood pressure was 200/84, double product of 24,000 and achieving 7 METs. As noted the resting electrocardiogram was normal. With exercise, there were no significant deviations from baseline and no arrhythmias.,CONCLUSION:,1. Reduced exercise capacity for age.,2. No chest pain with exercise.,3. No significant ST segment changes with exercise.,4. Symptoms of left anterior chest pain were not provoked with exercise.,5. Hypertensive response noted with exercise.