

TEST Brisbane Family Practice
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URGENT SPECIALIST REFERRAL

Date: 18 December 2024

To: Cardiology Department
TEST-PRACTICE-E2E Sydney Heart Specialists

RE: TEST Patient - Referral Chest Pain

DOB: 10 July 1955

MRN: TEST-REF-CP-002

Medicare: TEST-8765432109

Address: TEST Address - 321 Adelaide Street, Brisbane QLD 4000

Phone: +61 400 000 200

*** URGENT REVIEW REQUESTED ***

REASON FOR REFERRAL:

Exertional chest pain with positive stress test for urgent cardiology review

URGENCY: Urgent (please see within 2 weeks)

CLINICAL HISTORY:

I am urgently referring this patient following a positive stress test performed yesterday. The patient has been experiencing exertional chest pain for the past 6 weeks, described as a central heaviness radiating to the left arm, occurring when walking uphill or climbing stairs. Pain typically lasts 5-10 minutes and resolves with rest.

No chest pain at rest, no associated dyspnoea, palpitations, or syncope.

RISK FACTORS:

- Hypertension (15 years)
- Type 2 Diabetes (8 years)
- Hyperlipidaemia
- Current smoker (30 pack-years)
- Family history: Brother with CABG at age 58

PAST MEDICAL HISTORY:

- Hypertension - on Amlodipine 10mg + Irbesartan 300mg
- Type 2 Diabetes - on Metformin 1g BD + Gliclazide 60mg BD
- Hyperlipidaemia - on Rosuvastatin 20mg
- Osteoarthritis - knees

CURRENT MEDICATIONS:

1. Amlodipine 10mg daily
2. Irbesartan 300mg daily
3. Metformin 1g BD
4. Gliclazide 60mg BD
5. Rosuvastatin 20mg nocte
6. Paracetamol 1g PRN

ALLERGIES: Penicillin (rash)

EXAMINATION:

- BP: 155/95 mmHg
- HR: 78 bpm, regular
- Weight: 88 kg, Height: 175 cm (BMI 28.7)
- JVP: Normal
- Heart sounds: Dual, nil murmurs, nil added sounds
- Chest: Clear
- No peripheral oedema
- Peripheral pulses: Present and equal

INVESTIGATIONS:

ECG (attached):

- Sinus rhythm at 76 bpm
- Normal axis
- No acute ST-T changes at rest
- Possible old inferior infarct (Q waves II, III, aVF)

Exercise Stress Test (performed 17/12/2024):

- Protocol: Bruce protocol
- Duration: 5 minutes 30 seconds (Stage 2)
- Reason for stopping: Chest pain and dyspnoea
- Max HR achieved: 130 bpm (79% predicted)
- BP response: 180/100 mmHg at peak
- ECG changes: 2mm horizontal ST depression in V4-V6 and II, III, aVF
- Chest pain: Reproduced at Stage 2, resolved 4 minutes into recovery
- Recovery: ST changes resolved at 6 minutes
- Interpretation: POSITIVE for ischaemia

Bloods (18/12/2024):

- Troponin I: <0.01 ng/mL (normal)
- Hb: 148 g/L
- Creatinine: 95 umol/L (eGFR 78)
- HbA1c: 7.8%
- Lipids: TC 5.8, LDL 3.6, HDL 1.1, TG 2.4

CLINICAL IMPRESSION:

High clinical suspicion for significant coronary artery disease given positive stress test with ischaemic ECG changes and typical anginal symptoms in a high-risk patient.

REQUESTED:

- Urgent cardiology review
- Consideration for coronary angiography
- Optimisation of medical therapy

I have commenced the patient on:

- Aspirin 100mg daily (started today)
- GTN spray PRN (provided today with education)

Please do not hesitate to contact me if you require any further information or wish to discuss this patient.

Kind regards,

Dr. TEST Referring GP Brisbane
MBBS, FRACGP, Dip Child Health
Provider Number: TEST-7654321
TEST Brisbane Family Practice

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All patient data is fictional and uses TEST- prefix identifiers.
