



To:
Dr Sienna Thrills MD
79 Brandywine St Vienna, VA 22180
T: 222-555-7779

Patient: Peter Julius Fern
Patient Home Number: 613-6565-890
T: 647-666-8888
DOB: 1960-April-15
Patient home address: 45 Maple Ave, Toronto, ON,
K7L 3V8 Canada
Healthcard: 9696178816
Patient email/Contact Email: peter.fern@email.com

Subject: Result of Nuclear Imaging Tests

Date of Lab Assessment Oct 17th 2022

Dear Dr Thrills,

Peter Fern went in for a treadmill test with nuclear imaging on the 16th. Results of treadmill stress test with nuclear imaging come back and show the following:

- Large reversible perfusion defect in the territory of the left anterior descending (LAD) artery
- Ejection fraction 60%

Coming in today, Peter Fern reported he is currently pain free, and pain has not been rapidly increasing in severity or frequency or occurring at rest. He also reported that the present symptoms are not associated with meals. Additionally, Pain is exertional but not worsened by movement of the arm or chest wall or by palpation. Pain has not increased in frequency, severity, and is not occurring at rest.

At this time, the following most likely diagnosis could be a stable angina.

Ruled out:

- The stress testing confirms LAD territory ischemia. Although the patient is known to have GERD, his presenting symptoms do follow typical GERD triggers (ex: association with meals), and stress testing confirms impaired coronary perfusion.
- The patient is currently pain free, pain has not been rapidly increasing in severity or frequency or occurring at rest, and there are no acute ECG changes. As such Acute coronary syndrome is unlikely.
- Musculoskeletal Issue

Recommendation: Outpatient management is appropriate next course of action. I advise a follow up appointment with me for a cardiac catheterization as perfusion scan indicates a signification lesion in the LAD distribution. Patients need to adhere to antihypertensive treatment as the BP is above target range.



Further Testing: Dyslipidemia is a risk factor for coronary atherosclerosis and Peter should be test for it. A serum lipid profile should be done.

Medication:

- Aspirin 81 mg once a day to help inhibit platelet aggregation and decreases risk of ischemic events.
- Metoprolol 25 mg twice daily to help reduce myocardial oxygen demand.
- Nitroglycerin 0.4 mg sublingual as needed for chest pain. Caution not to take it after using Erectile Dysfunction drug.

Sincerely,

Sasha V

Dr Sasha Vasquez MD
Hobbs P.D. Hospital, Cardiology Department

Electronically Reviewed to Expedite Delivery