

## Patient Medical Report

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### Patient Information:

- Name: John Doe
- Age: 65 years
- Sex: Male
- Patient ID: HD-2025-001

### Clinical Assessment:

- Date of Examination: April 25, 2025
- Reason for Visit: Evaluation of chest discomfort and cardiovascular risk

### Vital Signs:

- Resting Blood Pressure: 160 mmHg
- Serum Cholesterol: 320 mg/dl
- Fasting Blood Sugar: >120 mg/dl (Elevated)

### Cardiac Evaluation:

- Chest Pain Type: Asymptomatic (noted during routine check-up, no overt pain reported)
- Resting Electrocardiographic Results: ST-T wave abnormality detected
- Maximum Heart Rate Achieved: 120 beats per minute (during stress test)
- Exercise-Induced Angina: Present
- ST Depression Induced by Exercise: 3.0 mm
- Slope of the Peak Exercise ST Segment: Downsloping
- Number of Major Vessels Colored by Fluoroscopy: 3 vessels
- Thalassemia Test: Reversible defect detected

### Summary of Findings:

The patient, a 65-year-old male, presents with multiple risk factors for coronary artery disease. Elevated resting blood pressure (160 mmHg), high serum cholesterol (320 mg/dl), and elevated fasting blood sugar (>120 mg/dl) indicate significant cardiovascular risk. The stress test revealed exercise-induced angina, a significant ST depression (3.0 mm) with a downsloping ST segment, and a low maximum heart rate (120 bpm), suggesting reduced cardiac reserve. Fluoroscopy confirmed occlusion in three major coronary vessels, and the thalassemia test indicated a reversible defect, consistent with ischemia.

### Preliminary Diagnosis:

- Coronary Artery Disease (CAD), severe, with multi-vessel involvement
- Possible Ischemic Heart Disease
- Hypertension
- Dyslipidemia
- Impaired Fasting Glucose

### Recommendations:

1. Immediate consultation with a cardiologist for further evaluation and management.
2. Coronary angiography to assess the extent of vessel occlusion and consider revascularization (e.g., angioplasty or bypass surgery).
3. Initiate medical therapy:
  - Anti-ischemic agents (e.g., beta-blockers, nitrates)
  - Statins for cholesterol management

- Antihypertensive medication
  - Glycemic control measures
4. Lifestyle modifications:
- Low-fat, heart-healthy diet
  - Regular, supervised physical activity
  - Smoking cessation (if applicable)
5. Schedule follow-up appointment in 2 weeks to review treatment response.

Physician:

Dr. Emily Carter, MD  
Cardiology Specialist  
City General Hospital

End of Report

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