

Patient Medical Report

Patient Information:

- Name: Jane Smith
- Age: 30 years
- Sex: Female
- Patient ID: HD-2025-002

Clinical Assessment:

- Date of Examination: April 26, 2025
- Reason for Visit: Routine cardiovascular health check-up

Vital Signs:

- Resting Blood Pressure: 110 mmHg
- Serum Cholesterol: 190 mg/dl
- Fasting Blood Sugar: ≤ 120 mg/dl (Normal)

Cardiac Evaluation:

- Chest Pain Type: Atypical, non-cardiac (occasional discomfort, not related to exertion)
- Resting Electrocardiographic Results: Normal
- Maximum Heart Rate Achieved: 175 beats per minute (during stress test)
- Exercise-Induced Angina: Absent
- ST Depression Induced by Exercise: 0.0 mm
- Slope of the Peak Exercise ST Segment: Upsloping
- Number of Major Vessels Colored by Fluoroscopy: 0 vessels
- Thalassemia Test: Normal

Summary of Findings:

The patient, a 30-year-old female, presents with no significant cardiovascular risk factors. Resting blood pressure (110 mmHg), serum cholesterol (190 mg/dl), and fasting blood sugar (≤ 120 mg/dl) are within normal limits. The stress test showed no evidence of exercise-induced angina, with a robust maximum heart rate (175 bpm) and no ST segment depression (0.0 mm). The ST segment exhibited an upsloping pattern, indicative of a healthy response to exercise. Fluoroscopy revealed no occluded coronary vessels, and the thalassemia test was normal, confirming the absence of ischemic or structural heart disease.

Preliminary Diagnosis:

- No evidence of coronary artery disease or other cardiovascular abnormalities
- Normal cardiac function

Recommendations:

1. Continue regular health check-ups annually or as recommended by primary care physician.
2. Maintain current lifestyle:
 - Balanced diet rich in fruits, vegetables, and whole grains
 - Regular physical activity (at least 150 minutes of moderate aerobic exercise per week)
 - Avoid smoking and limit alcohol consumption
3. Monitor blood pressure and cholesterol levels periodically to ensure they remain within normal ranges.
4. No immediate cardiac follow-up required unless symptoms (e.g., chest pain, shortness of breath) develop.

Physician:
Dr. Emily Carter, MD
Cardiology Specialist
City General Hospital

End of Report
