

# Cardiac Health Report

**Patient Name:** [Redacted]

**Age:** 56 years

**Gender:** Male

**Date:** April 12, 2025

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## Clinical Notes:

Patient presented for routine cardiac evaluation. He reports general fatigue over the past few weeks but denies chest pain at rest. Mild shortness of breath noted on exertion.

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## Vitals and History:

- **Blood Pressure:** 135/85 mmHg  
→ *Slightly elevated; monitor for hypertension progression.*
  - **History of Heart Attack:** Yes  
→ *Patient suffered a mild myocardial infarction approximately 3 years ago. Currently on beta-blockers and antiplatelets.*
  - **Heart Valve Problems:** No  
→ *No known history or current signs of valve insufficiency or murmurs.*
  - **Congenital Heart Defects:** No  
→ *Patient denies any history of congenital cardiac anomalies. No evidence found on past imaging.*
  - **Cardiomyopathy:** Yes  
→ *Diagnosed with dilated cardiomyopathy (DCM) in 2021. EF at last check: ~45%.*
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## Doctor's Impression:

The patient has a history of cardiac illness, notably prior MI and ongoing cardiomyopathy. Current vitals are stable though BP is creeping upward — recommend close monitoring and possible adjustment of antihypertensives. No valve-related issues observed. Continue with echocardiography every 6 months. Lifestyle advice reinforced.

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### **Plan:**

- Schedule follow-up in 3 months.
- Repeat ECHO and stress test before next visit.
- Reinforce salt restriction, moderate aerobic exercise, and medication adherence.