

Patient: Daniel De Los Santos Marin
Date of Birth: 08/01/1947 (Age 77)
Gender: Male
Admission Date: 02/05/2025
Discharge Date: 02/07/2025
Discharge Status: Improved, stable
Resuscitation Status: DNR/Allow Natural Death

Hospital Course & Diagnosis

Mr. De Los Santos Marin was admitted on 02/05/2025 for chest pain and was diagnosed with a **Non-ST-Elevation Myocardial Infarction (NSTEMI)**, a type of heart attack. He underwent a successful cardiac catheterization with stent placement. His condition improved, and he was discharged in stable condition on 02/07/2025.

Primary Diagnosis: NSTEMI (Acute Coronary Syndrome)

Secondary Diagnoses:

- Coronary artery disease, status post stent placement
 - Essential hypertension
 - Hyperlipidemia
 - Chronic Kidney Disease, Stage 3B (CKD 3B)
-

Key Procedures & Findings

1. Cardiac Catheterization & Angioplasty (02/05/2025)

- **Indication:** Chest pain and NSTEMI.
- **Findings (Coronary Angiography):**
 - **Left Main Coronary Artery:** Mild disease (10-20% blockage).
 - **LAD Artery:** Mild to moderate diffuse disease.
 - **Left Circumflex Artery:** Mild disease with a 100% occlusion in the distal vessel.
 - **RCA (Right Coronary Artery):** Significant disease with a 75% blockage in the mid vessel, which was tortuous and calcified.

- **Procedures Performed:**

- **PCI to Obtuse Marginal Branch:** A 2.0 x 18 mm Onyx drug-eluting stent was placed.
- **PCI to RCA:** A 3.0 x 22 mm Onyx drug-eluting stent was placed. The procedure was noted to be difficult due to vessel tortuosity and calcification.

2. Echocardiogram (02/07/2025)

- **Indication:** Assessment of heart function after NSTEMI.
- **Overall Heart Function:** Good. The heart's main pumping chamber, the Left Ventricle, has a **normal Ejection Fraction of 60-65%**.
- **Key Findings:**
 - **Left Ventricle:** Normal size and systolic function. There is evidence of **Grade I Diastolic Dysfunction**, which indicates impaired relaxation of the heart muscle.
 - **Valves:**
 - **Aortic Valve:** Mild regurgitation (leakage).
 - **Mitral and Pulmonic Valves:** Trivial regurgitation, which is common and not significant.
 - No pericardial effusion (fluid around the heart).

Laboratory Results

- **Renal Function:** Impaired. Creatinine is elevated at 2.0 mg/dL, indicating **Chronic Kidney Disease Stage 3B**.
 - **Lipid Panel:**
 - Low HDL ("good" cholesterol) at 27 mg/dL.
 - High LDL ("bad" cholesterol) at 101 mg/dL.
 - High coronary risk ratio of 5.4.
 - **Basic Metabolic Panel:** Showed mildly high glucose and BUN.
-

Discharge Information

Discharge Vital Signs:

- Blood Pressure: 108/63 mmHg
- Pulse: 75 bpm
- Oxygen Saturation: 96%

Discharge Medications:

- **Aspirin** 81 mg daily
- **Clopidogrel (Plavix)** 75 mg daily (*Dual antiplatelet therapy to prevent stent clotting*)
- **Atorvastatin** 10 mg daily (*For cholesterol management*)
- **Carvedilol** 3.125 mg twice daily (*Beta-blocker for heart protection*)
- **Valsartan** 320 mg daily (*ARB for blood pressure and heart protection*)
- **Amlodipine** 10 mg daily (*Calcium channel blocker for blood pressure*)
- **Hydralazine** 50 mg twice daily (*For blood pressure control*)

Allergies: No Known Drug Allergies or Intolerances.

Care Team

- **Attending Physician:** Ahmad Issa, MD
- **Ordering/Reading Physician:** Christopher P Mccarty, MD
- **Referring Physician:** Mitul Patel, MD
- **Primary Care Physician:** Katherine Gannon Kiesel, NP