

CARDIOLOGY CONSULTATION NOTES - JANE SMITH

Visit Date: 12/18/2024 | Provider: Cardiology

CONSULTATION REQUEST

Referring Physician: Dr. Sarah Johnson, MD - Primary Care

Reason for Consultation: Chest pain and positive stress test

Urgency: Routine consultation

Clinical Question: Evaluation for coronary artery disease

HISTORY OF PRESENT ILLNESS

49-year-old female with 2-week history of chest pain and dyspnea.

Chest pain is described as pressure-like, substernal, moderate intensity 6/10 on pain scale. Associated symptoms include shortness of breath, especially with exertion, and occasional diaphoresis. Pain is not relieved with rest or nitroglycerin.

Recent stress test was positive for ischemia. No radiation to arms or jaw. No recent illness, travel, or exposure to sick contacts.

CARDIOVASCULAR RISK FACTORS

Modifiable Risk Factors:

- Hypertension (poorly controlled, BP 142/88)
- Type 2 Diabetes (HbA1c 7.2%)
- Hyperlipidemia (on statin therapy)
- Obesity (BMI 32)
- Sedentary lifestyle

Non-modifiable Risk Factors:

- Age (49 years old)
- Female gender
- Family history of CAD (father had heart attack at age 55)

STRESS TEST RESULTS

Test Date: 12/10/2024

Result: POSITIVE for myocardial ischemia

Findings: Large reversible perfusion defect in inferior wall

Moderate reversible perfusion defect in lateral wall

ECG: 3mm ST depression in leads II, III, aVF, V4-V6

Ejection Fraction: 45% (mildly reduced)

ASSESSMENT AND PLAN

1. CHEST PAIN - Likely coronary artery disease

Plan: Cardiac catheterization to evaluate coronary arteries

Consider PCI or CABG based on findings

2. HYPERTENSION - Poorly controlled

Plan: Increase lisinopril to 40mg daily, add HCTZ if needed

3. DIABETES - Poorly controlled

Plan: Increase metformin, consider insulin, recheck HbA1c

4. HYPERLIPIDEMIA - Continue statin therapy

Plan: Continue atorvastatin, recheck lipids in 6 months