CITY GENERAL HOSPITAL
Department of Internal Medicine
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PATIENT INFORMATION

Patient Name: John Michael Anderson
Date of Birth: March 15, 1978
Patient ID: CGH-2024-78934
Age/Gender: 46 Years / Male
Date of Examination: January 3, 2026
Referring Physician: Dr. Sarah Mitchell, MD

CHIEF COMPLAINT

Patient presents with episodic retrosternal chest discomfort, dyspnea on exertion, and intermittent palpitations over the past 3 weeks.

CLINICAL FINDINGS

Physical examination reveals a BMI of 31.2 kg/m² indicating obesity class I. Cardiovascular examination demonstrates regular rhythm with a systolic ejection murmur grade II/VI at the left sternal border. Blood pressure recorded at 148/92 mmHg suggests stage 2 hypertension. Respiratory auscultation reveals bilateral basilar crackles. Peripheral edema (2+) noted in bilateral lower extremities.

LABORATORY RESULTS

Complete Blood Count (CBC) shows mild normocytic anemia with hemoglobin 11.2 g/dL. Comprehensive Metabolic Panel reveals elevated fasting glucose at 142 mg/dL consistent with impaired fasting glucose. Lipid profile demonstrates hyperlipidemia with total cholesterol 267 mg/dL, LDL cholesterol 178 mg/dL, HDL cholesterol 38 mg/dL, and triglycerides 254 mg/dL. Thyroid function tests within normal limits. HbA1c elevated at 6.8% indicating prediabetic state. Serum creatinine 1.4 mg/dL with estimated GFR of 58 mL/min/1.73m² suggesting chronic kidney disease stage 3A.

DIAGNOSTIC IMAGING

Electrocardiogram shows normal sinus rhythm with left ventricular hypertrophy and nonspecific ST-T wave abnormalities in lateral leads. Chest radiograph demonstrates cardiomegaly with cardiothoracic ratio of 0.58 and mild pulmonary vascular congestion. Echocardiography reveals concentric left ventricular hypertrophy with preserved ejection fraction (EF 52%), grade I diastolic dysfunction, and mild mitral regurgitation.

DIAGNOSIS

1. Essential hypertension, uncontrolled
2. Mixed hyperlipidemia
3. Prediabetes mellitus (impaired fasting glucose)
4. Chronic kidney disease, stage 3A
5. Obesity class I
6. Mild normocytic anemia
7. Left ventricular hypertrophy with diastolic dysfunction
8. Suspected coronary artery disease

TREATMENT PLAN & RECOMMENDATIONS

1. Initiate antihypertensive therapy with ACE inhibitor (Lisinopril 10mg PO daily) and titrate based on response.

2. Prescribe statin therapy (Atorvastatin 40mg PO at bedtime) for lipid management with target LDL <100 mg/dL.

3. Recommend structured lifestyle modifications including Mediterranean diet, sodium restriction (<2000mg/day), and moderate aerobic exercise (30 minutes, 5 days/week).

4. Implement weight reduction program with target weight loss of 10% body weight over 6 months through caloric restriction and increased physical activity.

5. Schedule cardiology consultation for further evaluation of chest discomfort and consideration of cardiac stress testing or coronary angiography.

6. Initiate metformin 500mg PO BID for glycemic control with dietary modifications to prevent progression to overt diabetes mellitus.

7. Nephrology referral for management of chronic kidney disease and evaluation for underlying etiology.

8. Serial monitoring of renal function, electrolytes, and hemoglobin A1c at 3-month intervals.

9. Consider iron supplementation and further evaluation if anemia persists or worsens on subsequent laboratory studies.

FOLLOW-UP

Patient to return for follow-up appointment in 4 weeks for reassessment of blood pressure control, medication tolerance, and laboratory parameter trends. Earlier presentation advised if symptoms worsen or new concerning symptoms develop, particularly chest pain, severe dyspnea, or syncope.

PROGNOSIS

With appropriate therapeutic intervention, lifestyle modification, and regular medical follow-up, prognosis is favorable. However, uncontrolled hypertension and progressive metabolic dysfunction place patient at increased risk for cardiovascular events, including myocardial infarction, stroke, and progressive renal insufficiency. Adherence to prescribed medical therapy and lifestyle changes is critical for optimal outcomes.

PHYSICIAN NOTES

Patient counseled extensively regarding cardiovascular risk factors and importance of medication compliance. Educational materials provided regarding hypertension, hyperlipidemia, and diabetes prevention. Patient verbalized understanding and expressed willingness to implement recommended lifestyle modifications.

Dr. Robert J. Harrison, MD, FACP
Board Certified - Internal Medicine
License No: MD-45782
Date: January 3, 2026

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