

Patient Medical Report 1

Patient ID: 12345 2

Date: 2024-01-15 3

Chief Complaint: Chest pain and shortness of breath 4

History of Present Illness: 5

The patient is a 65-year-old male with a history of HTN and DM who presents with acute onset chest pain. The pain began approximately 2 hours ago and is described as crushing, substernal, radiating to the left arm. Patient also reports SOB and diaphoresis.

Physical Examination: 6

- BP: 180/100 mmHg
- HR: 110 bpm
- Temperature: 98.6■
- Cardiovascular: S1, S2 present, no murmurs
- Pulmonary: Clear to auscultation bilaterally

Laboratory Results: 7

- Troponin I: 0.8 ng/mL (elevated)
- CBC: WBC 8.5, Hgb 14.2, Plt 250
- BNP: 450 pg/mL

Imaging: 8

- ECG: ST elevation in leads II, III, aVF 9
- Chest X-ray: No acute cardiopulmonary process

Assessment and Plan: 10

1. STEMI (ST-elevation myocardial infarction) - likely RCA occlusion 11
2. HTN - continue current medications
3. DM - monitor glucose closely

Plan: Emergency cardiac catheterization, dual antiplatelet therapy, 12
statin therapy, beta-blocker when stable.