## Fictitious University Hospital

Department of Internal Medicine Prof. Malala Miller



Re: Medical History and Clinical Course of Patient Veronica Cougar

Dear Dr. General Practitioner,

I am writing to provide a comprehensive summary of the medical history, diagnoses, and clinical course of our patient, Veronica Cougar, who was recently diagnosed and treated for a lung embolism.

Patient Information: Name: Veronica Cougar, born 07/18/1976

Age: 50

Gender: Female

Medical Record Number: 1122334

**Medical History:** Veronica Cougar has a notable medical history, including a recent cancer diagnosis (breast cancer), ongoing chemotherapy treatment, and oral contraceptive use.

**Presenting Symptoms:** Veronica Cougar presented with a persistent cough, difficulty breathing, dizziness and lightheadedness, and mild left leg swelling.

**Initial Assessment and Diagnosis:** Diagnostic tests revealed elevated D-dimer levels, a venous ultrasound confirming DVT in the left leg, and a CTPA indicating a pulmonary embolism in the left lower lobe.

Clinical Course: Veronica Cougar was admitted to the oncology ward for specialized care. She was initially managed with intravenous heparin therapy, supplemental oxygen, and analgesics. After stabilization, she transitioned to oral anticoagulants (warfarin) with overlap of LMWH and adjustments in her chemotherapy regimen in consultation with her oncologist. She experienced nausea and vomiting, which were managed with antiemetics, and mild anemia, monitored and managed conservatively. Regular INR monitoring and adjustments in anticoagulant dosage were scheduled, with coordination with oncology for integrated cancer and anticoagulation management.

**Current Status:** Veronica Cougar is stable, continues her cancer treatment along with anticoagulation therapy, and is closely monitored by both oncology and hematology departments.

**Recommendations:** Continued anticoagulation with regular monitoring, ongoing coordination between oncology and hematology for integrated care, and education on recognizing symptoms of thromboembolic events.

Sincerely,

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