Patient Case

History and Physical (H&P)

Chief Complaint (CC):

Chest pain

History of Present Illness (HPI):

A 48-year-old female presents with a 3-month history of chest pain that has been worsening over time. The episodes have been lasting longer, up to 3-4 hours recently. The pain is exacerbated by large meals and when lying down. The patient also reports difficulty swallowing, particularly solid foods like meat, and occasional regurgitation of food.

Past Medical History (PMH):

Raynaud's phenomenon

Past Surgical History (PSH):

N/A

Family History (FH):

N/A

Social History (SH):

N/A

Home Medications:

Pantoprazole 40 mg twice daily

Patient Case

Allergies:

N/A

Review of Systems (ROS):

N/A

Physical Exam (PE):

- Vital Signs:

Blood Pressure: 130/80 mmHg

Pulse Rate: 75 bpm

Respiratory Rate: 16 breaths/min

Temperature: 37.0°C

SpO2: 97%

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- General Appearance: Well-appearing, no acute distress

- Skin: Presence of telangiectasias on arms and chest; fingers appear cold and bluish at tips, indicative of Raynaud's phenomenon.

- Cardiovascular: Regular rate and rhythm; no murmurs, gallops, or rubs.

- Respiratory: Breath sounds clear bilaterally. No wheezes, crackles, or rhonchi. Respiratory effort normal, no distress.

Patient Case

- Abdomen: Mild tenderness noted in the upper quadrant; no palpable masses or organomegaly detected. Bloating observed during examination.

Vital Signs:

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Laboratory and Imaging Results:

- ANA: Positive (speckled pattern, high titer)
- SS-A (Ro) Antibody: Positive
- SS-B (La) Antibody: Negative
- Barium Swallow Study: Findings suggest esophageal dysmotility with delayed passage of barium; mild narrowing at the distal esophagus.
- Esophagogastroduodenoscopy (EGD): Findings consistent with esophageal dysmotility; mild esophagitis observed, biopsies taken for further evaluation.
- Esophageal Manometry: Results show reduced peristaltic activity in the esophagus, increased lower esophageal sphincter (LES) pressure, and incomplete relaxation during swallowing, consistent with esophageal dysmotility.
- Echocardiogram: Normal ejection fraction with no regional wall motion abnormalities. Mild left

ventricular hypertrophy noted. No pericardial effusion is observed.

- EKG: Normal sinus rhythm, no obvious ST-segment changes or arrhythmias.

Assessment and Plan:

[Leave blank for further completion]