

MEDICAL REPORT

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Patient Information:

Name: John Smith

Date of Birth: 15/03/1985

Patient ID: 12345

Date of Examination: 15/12/2024

Attending Physician: Dr. Sarah Johnson, MD

CHIEF COMPLAINT:

Patient presents with chest pain and shortness of breath for the past 3 days.

HISTORY OF PRESENT ILLNESS:

Mr. Smith is a 39-year-old male who reports experiencing intermittent chest pain radiating to his left arm, accompanied by shortness of breath, fatigue, and mild nausea. Symptoms began 3 days ago and have been progressively worsening. He denies any recent trauma or injury.

PAST MEDICAL HISTORY:

- Hypertension (diagnosed 2018)
- Type 2 Diabetes (diagnosed 2020)
- Hyperlipidemia (diagnosed 2019)
- No previous cardiac events

MEDICATIONS:

- Metformin 500mg twice daily
- Lisinopril 10mg once daily
- Atorvastatin 20mg once daily
- Aspirin 81mg once daily

ALLERGIES:

- Penicillin (rash)

SOCIAL HISTORY:

- Non-smoker
- Occasional alcohol consumption (2-3 drinks/week)
- Sedentary lifestyle
- Works as an office manager

FAMILY HISTORY:

- Father: Heart attack at age 55
- Mother: Diabetes, hypertension
- No family history of cancer

PHYSICAL EXAMINATION:

Vital Signs:

- Blood Pressure: 145/95 mmHg
- Heart Rate: 88 bpm
- Respiratory Rate: 18/min
- Temperature: 98.6 degrees F (37 degrees C)
- Oxygen Saturation: 96% on room air

General Appearance:

- Alert and oriented
- Mild distress due to chest discomfort
- No acute distress

Cardiovascular:

- Regular rate and rhythm
- S1 and S2 present
- No murmurs, gallops, or rubs
- Peripheral pulses 2+ throughout
- No peripheral edema

Respiratory:

- Clear to auscultation bilaterally
- No wheezes, rales, or rhonchi
- Normal respiratory effort

Abdomen:

- Soft, non-tender, non-distended
- No hepatosplenomegaly
- Normal bowel sounds

LABORATORY RESULTS:

Complete Blood Count (CBC):

- White Blood Cells: 8.2 K/uL (Normal: 4.5-11.0)
- Hemoglobin: 14.2 g/dL (Normal: 13.5-17.5)
- Platelets: 245 K/uL (Normal: 150-450)

Comprehensive Metabolic Panel:

- Glucose: 142 mg/dL (Elevated)
- BUN: 18 mg/dL (Normal: 7-20)
- Creatinine: 1.1 mg/dL (Normal: 0.7-1.3)
- Sodium: 140 mEq/L (Normal: 135-145)
- Potassium: 4.2 mEq/L (Normal: 3.5-5.0)

Cardiac Biomarkers:

- Troponin I: 0.15 ng/mL (Elevated - Normal <0.04)
- CK-MB: 12 ng/mL (Elevated - Normal <5.0)
- BNP: 180 pg/mL (Elevated - Normal <100)

Lipid Panel:

- Total Cholesterol: 220 mg/dL (Elevated)
- HDL: 45 mg/dL (Low)
- LDL: 150 mg/dL (Elevated)
- Triglycerides: 180 mg/dL (Elevated)

DIAGNOSTIC STUDIES:

Electrocardiogram (ECG):

- Sinus rhythm at 88 bpm
- ST-segment depression in leads II, III, aVF, V4-V6
- T-wave inversions in leads V1-V3
- QRS duration: 0.08 seconds
- QT interval: 0.44 seconds

Chest X-Ray:

- Normal cardiac silhouette
- Clear lung fields
- No evidence of pulmonary edema
- No pneumothorax or pleural effusion

Echocardiogram:

- Left ventricular ejection fraction: 55%
- Mild left ventricular hypertrophy
- No regional wall motion abnormalities
- Normal valvular function
- No pericardial effusion

IMPRESSION:

1. Acute coronary syndrome with elevated cardiac biomarkers
2. ST-segment depression suggestive of myocardial ischemia

3. Multiple cardiovascular risk factors (hypertension, diabetes, hyperlipidemia, family history)
4. Elevated blood glucose requiring better control

DIAGNOSIS:

- Non-ST elevation myocardial infarction (NSTEMI)
- Hypertension, uncontrolled
- Type 2 diabetes mellitus, uncontrolled
- Hyperlipidemia

TREATMENT PLAN:

1. Immediate:

- Admit to cardiac care unit
- Continuous cardiac monitoring
- Oxygen therapy as needed
- Aspirin 325mg loading dose, then 81mg daily
- Clopidogrel 300mg loading dose, then 75mg daily
- Metoprolol 25mg twice daily
- Atorvastatin 40mg daily
- Nitroglycerin for chest pain

2. Medical Management:

- Strict blood pressure control (target <130/80)
- Tight glycemic control (target HbA1c <7%)
- Aggressive lipid management (target LDL <70)
- Smoking cessation counseling
- Cardiac rehabilitation program

3. Follow-up:

- Cardiology consultation within 24 hours
- Stress test or cardiac catheterization as indicated
- Primary care follow-up in 1 week
- Repeat cardiac biomarkers in 6-8 hours

RECOMMENDATIONS:

1. Cardiac catheterization within 24-48 hours
2. Lifestyle modifications including diet and exercise
3. Medication compliance education
4. Regular monitoring of blood pressure and glucose
5. Annual cardiac evaluation

PROGNOSIS:

Guarded. Patient has multiple cardiovascular risk factors and requires

aggressive risk factor modification. With appropriate medical therapy and lifestyle changes, prognosis can be improved.

DISCHARGE INSTRUCTIONS:

- Take all medications as prescribed
- Follow up with cardiologist in 1 week
- Return to emergency department if chest pain returns
- Maintain low-sodium, low-fat diet
- Exercise as tolerated
- Monitor blood pressure daily

Physician Signature: Dr. Sarah Johnson, MD

Date: 15/12/2024

Time: 14:30