

Medical Terminology

Medical Records Analysis

#8

Deer Summit Clinic
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Office Chart Note

PATIENT: Robert R.

DATE: October 31, xxxx

- S: Patient states he is 65 y/o and is not aware of any previous heart problems. He is the CFO of a large organization and experiences considerable stress related to his job. He reports recent episodes of angina, beginning one week ago.
- O: The pt is M Caucasian who appears his stated age. He has been a pt here for several years and has had no previous history of heart disease. He was last seen approximately two years ago for a complete physical exam. We did a resting ECG at that time that was interpreted as normal. When he reported the angina last week, we did a complete examination and there was no evidence of cardiomegaly, no murmurs, and no extra heart sounds. He did, however, have a mild tachycardia. The remainder of the ROS was unremarkable. An ECG revealed sinus tachycardia and a CXR showed very mild L ventricular hypertrophy. Echocardiography reports indicated that there was no valvular dysfunction, and ejection fraction was calculated at 58%. The pt was referred for a cardiac catheterization procedure to gain additional information. Today's report of the cardiac cath shows a 70 percent stenosis of the L anterior descending coronary artery, immediately after the first septal branch. The remainder of that artery and the other coronary arteries are WNL. Ejection fraction was reported as 58%.
- A: Angina due to coronary artery stenosis.
- P: We discussed the results of the cardiac cath and plans for the management of this illness. He will be managed medically for the present. We will perform a thallium stress test to determine reaction to exercise and the extent of the anginal symptoms. If there is a marked reversible ischemia, we will consider angioplasty of the L anterior descending coronary artery.

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Answer the following questions based on the progress note above:

1. What is the patient's diagnosis?
2. What type of specialist is best suited to manage this patient's condition?
3. What type of the problem did the patient report a week ago?
4. Describe three findings related to the heart from the physical examination of one week ago.
5. What type of tests were performed after the physical exam but before the cardiac catheterization?
6. What were the results of those tests?
7. What is a cardiac catheterization, and why was it performed on this patient?
8. What did the cardiac catheterization reveal?
9. What additional test will this patient have? What may be considered based on the test results?
10. What does "managed medically" mean?