MASSACHUSETTS GENERAL HOSPITAL

# BIGELOW C INTERN ADMISSION NOTE

**Name**: **********
**MR #**: 2371335
**Date of admission**: 8/16/2005
**Med student**: Lorenzo Azzalini
**Resident**: **********, MD, PhD
**Attending**: **********, MD
**PCP**: **********, MD

**CC**: Chest pain

**HPI**: This is a 75 y.o. man, with a history of hypertension, hyperlipidemia, erectile dysfunction, current smoker, presenting with chest pain. 9 days prior to admission (8/7) he had been admitted to the SDU, complaining of chest pain and SOB. Further investigations revealed negative cardiac markers (unstable angina). He underwent a cath procedure that showed a 90% occlusion of LAD and an old RCA occlusion. Collateral perfusion was given by LCX and also by a septal branch of LAD. Myocardial perfusion imaging (SPECT) on 8/10 showed small fixed apical defect, but remaining myocardium was viable. EF was 50%. On 8/11 he was sent to the CathLab, and had a stent placed in the LAD.He was discharged on 8/12.
On 8/16 he is admitted once again, complaining of chest diffuse substernal pressure, which radiated to right arm. The pain began at 5 am, while the patient was sleeping, and woke him up. He states it was 4/10 in intensity. The patient took nitrates and the pain remitted. No ECG changes, since 8/11.

**ROS**: As per HPI. Otherwise negative. No F/C/NS. No CP/Palps. No N/V/D. No Orthopnea/PND/LE edema/Claudication. No SOB/cough/hemoptysis/wheezing/sore throat/rash. No hematochezia/melena. No delta MS/LOC. No slurring of speech, unilateral weakness. No dysuria. No exposures/ingestions/recent travel.

**PMH**:
1. Hypertension
2. Hyperlipidemia
3. COPD
4. Low back pain: MRI 9/25/02 showed mild multi-level degenerative changes of the lumbar spine, most pronounced at L4-L5 with bilateral neural foraminal narrowing, partial effacement of the L5 lateral recess with impingement of the left and right L5 traversing nerve root.
5. Peptic ulcer disease
6. Erectile disfunction
7. Kidney stone
8. s/p Lipoma resection to right neck 25 yrs ago

**Medications on admission:**
1. Ecasa (ASPIRIN ENTERIC COATED) 325MG TABLET EC take 1 Tablet PO QD
2. Ambien (ZOLPIDEM TARTRATE) 5MG TABLET take 1 Tablet PO QHS PRN for insomnia
3. Lipitor (ATORVASTATIN) 80MG TABLET take 1 Tablet PO QD
4. Toprolol XL 25 mg PO QD
5. Lisinopril 10 mg PO QD
6. Plavix 75 mg PO QD
7. Percocet (OXYCODONE APAP) 1-2 (5-325MG TABLET ) PO Q4-6H x 30 days
8. Oxycontin (OXYCODONE CONTROLLED RELEASE 20MG) take 1 Tablet PO Q12H

**ALL**: NKDA
**SH**: Divorced. Lives alone, has 4 children. Retired clerk in a grocery store. Tobacco: 1 pack/day x 55yrs. Alcohol: former heavy drinker, quit 5 years ago. IV Drugs: none.
**FH**: Father died of MI at age 63. Mother died at age 87.

**Physical Exam**:
**V**: T 97.7 HR 61 BP 123/58 RR 20 O2Sat 94% 2L NC
**Gen**: The patient appears in his stated age and in NAD.
**HEENT:** PERRL, EOMI, sclera anicteric.
**Neck:** Supple, no thyromegaly, no carotid bruits, JVP 7 cm.
**Nodes:** No cervical or supraclavicular LAN.
**Cor:** RRR S1, S2 nl. 2/6 systolic murmur best heard in LLSB. No S3, S4.
**Chest:** Wheezes bilaterally in every field. Fine basal crackles bilaterally.
**Abdomen:** +BS Soft, distended, tenderness in lower quadrants. No HSM.
**Ext:** BL femoral bruit. Clubbing.
**Skin:** No rashes.
**Neuro:** A&Ox3. CN II-XII intact.

## Labs and Studies:

| Test Description | Result | Ref. Range/Units | Date/Time | Last Flagged |
|---|---|---|---|---|
| Chemistry | | | | |
| Lytes/Renal/Glucose | | | | |
| Sodium | 138 | 135-145 mmol/L | 08/16/05 10:07 | |
| Potassium | 4.0 | 3.4-4.8 mmol/L | 08/16/05 10:07 | 2.8(L) 08/07/05 04:48 |
| Chloride | 108 | 100-108 mmol/L | 08/16/05 10:07 | 109(H) 08/09/05 05:40 |
| Carbon Dioxide | 27.0 | 23.0-31.9 mmol/L | 08/16/05 10:07 | 29.6(H) 06/30/05 16:33 |
| BUN | 19 | 8-25 mg/dl | 08/16/05 10:07 | 26(H) 08/07/05 04:45 |
| Creatinine | 1.0 | 0.6-1.5 mg/dl | 08/16/05 10:07 | |
| Glucose | 130H | 70-110 mg/dl | 08/16/05 10:07 | 130(H) 08/16/05 10:07 |
| General Chemistries | | | | |
| Calcium | 9.3 | 8.5-10.5 mg/dl | 08/16/05 11:00 | 8.4(L) 08/08/05 08:24 |
| Phosphorus | 2.4L | 2.6-4.5 mg/dl | 08/16/05 11:00 | 2.4(L) 08/16/05 11:00 |
| Magnesium | 1.6 | 1.4-2.0 meq/L | 08/16/05 11:00 | |
| Bilirubin (To... | 0.3 | 0.0-1.0 mg/dl | 08/07/05 21:33 | |
| Bilirubin (Di... | 0.2 | 0-0.4 mg/dl | 08/07/05 21:33 | |
| Total Protein | 7.2 | 6.0-8.3 g/dl | 08/07/05 21:33 | 8.2(H) 06/10/03 14:15 |
| Albumin | 3.7 | 3.3-5.0 g/dl | 08/07/05 21:33 | |
| Globulin | 3.5 | 2.6-4.1 g/dl | 08/07/05 21:33 | 4.3(H) 06/10/03 14:15 |
| Amylase | 47 | 3-100 units/L | 01/19/99 09:46 | |
| Liver Function Tests | | | | |
| ALT (SGPT) | 17 | 10-55 U/L | 08/07/05 21:33 | 9(L) 06/10/03 14:15 |
| AST (SGOT) | 17 | 10-40 U/L | 08/07/05 21:33 | |
| Alk Phos | 76 | 45-115 U/L | 08/07/05 21:33 | |
| Bilirubin (To... | 0.3 | 0.0-1.0 mg/dl | 08/07/05 21:33 | |
| Bilirubin (Di... | 0.2 | 0-0.4 mg/dl | 08/07/05 21:33 | |
| Cardiac Tests | | | | |
| NT-proBNP | 271 | 0-900 pg/ml | 08/07/05 05:21 | |
| CK | 42L | 60-400 U/L | 08/12/05 08:38 | 42(L) 08/12/05 08:38 |
| CK-MB | NEGATIVE | NEG | 08/16/05 10:25 | |
| CK-MB Index | see detail | | 08/12/05 09:29 | |
| Troponin-I | NEGATIVE | NEG | 08/16/05 10:25 | |
| Troponin-T | <0.01 | 0.00-0.09 ng/m | 08/12/05 09:13 | |
| Lipid Tests | | | | |
| Cholesterol | 152 | mg/dl | 01/31/05 14:09 | 274(H) 10/27/98 12:22 |
| Triglycerides | 161H | 40-150 mg/dl | 01/31/05 14:09 | 161(H) 01/31/05 14:09 |
| HDL Cholesterol | 40 | >34 mg/dl | 01/31/05 14:09 | 34(L) 06/05/02 12:28 |
| LDL Cholesterol | 80 | mg/dl | 01/31/05 14:09 | 210(H) 10/27/98 15:14 |
| Chol/HDL Ratio | 3.8 | | 01/31/05 14:09 | |
| Thyroid Studies | | | | |
| TSH | 0.61 | 0.40-5.00 uU/ml | 08/08/05 12:39 | |
| Hematology | | | | |
| Complete Blood Count | | | | |
| WBC | 13.4H | 4.5-11.0 th/cmm | 08/16/05 10:20 | 13.4(H) 08/16/05 10:20 |
| RBC | 4.06L | 4.50-5.90 mil/cm | 08/16/05 10:20 | 4.06(L) 08/16/05 10:20 |

| | | | | |
|---|---|---|---|---|
| Hgb | 12.9L | 13.5-17.5 gm/dl | 08/16/05 10:20 | 12.9(L) 08/16/05 10:20 |
| HCT | 36.4L | 41.0-53.0 % | 08/16/05 10:20 | 36.4(L) 08/16/05 10:20 |
| MCV | 90 | 80-100 fl | 08/16/05 10:20 | |
| MCH | 31.7 | 26.0-34.0 pg/rbc | 08/16/05 10:20 | |
| MCHC | 35.3 | 31.0-37.0 g/dl | 08/16/05 10:20 | |
| PLT | 279 | 150-350 th/cumm | 08/16/05 10:20 | |
| RDW | 13.5 | 11.5-14.5 % | 08/16/05 10:20 | |
| Blood Differential % | | | | |
| Differential ... | RECEIVED | | 08/16/05 10:12 | |
| Diff Method | Auto | | 08/16/05 10:20 | |
| Neutrophils | 71H | 40-70 % | 08/16/05 10:20 | 71(H) 08/16/05 10:20 |
| Lymphs | 24 | 22-44 % | 08/16/05 10:20 | 20(L) 01/31/01 14:41 |
| Monos | 3L | 4-11 % | 08/16/05 10:20 | 3(L) 08/16/05 10:20 |
| Eos | 1 | 0-8 % | 08/16/05 10:20 | |
| Basos | 1 | 0-3 % | 08/16/05 10:20 | |
| Neutrophils (... | 50 | 45-74 % | 07/08/98 15:15 | |
| Bands (manual) | 1H | 0 % | 06/10/03 14:46 | 1(H) 06/10/03 14:46 |
| Lymphs (manual) | 42 | 16-45 % | 07/08/98 15:15 | |
| Lymphs, atypical | 4H | 0 % | 06/10/03 14:46 | 4(H) 06/10/03 14:46 |
| Monos (manual) | 5 | 4-10 % | 07/08/98 15:15 | |
| Eos (manual) | 0 | 0-7 % | 07/08/98 15:15 | |
| Basos (manual) | 1 | 0-2 % | 07/08/98 15:15 | |
| Blood Diff - Absolute | | | | |
| Neutrophil # | 9.60H | 1.8-7.7 th/cmm | 08/16/05 10:20 | 9.60(H) 08/16/05 10:20 |
| Lymph# | 3.16 | 1.0-4.8 th/cmm | 08/16/05 10:20 | 6.37(H) 08/07/05 08:56 |
| Mono# | 0.41H | 0.2-0.4 th/cmm | 08/16/05 10:20 | 0.41(H) 08/16/05 10:20 |
| Eos# | 0.12 | 0.1-0.3 th/cmm | 08/16/05 10:20 | |
| Baso# | 0.12 | 0.0-0.3 th/cmm | 08/16/05 10:20 | |
| Smear Morphology | | | | |
| RBC Morph (Ma... | NORMAL | | 06/10/03 14:46 | |
| Anisocytosis | None | NORMAL | 08/16/05 10:20 | |
| Hypochromia | None | NORMAL | 08/16/05 10:20 | |
| Macrocytes | None | | 08/16/05 10:20 | |
| Microcytes | None | | 08/16/05 10:20 | |
| PLT Estimate | NORMAL | | 06/10/03 14:46 | |

Coagulation

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|---|---|---|---|---|
| Routine Coagulation | | | | |
| PT | 12.9 | 11.3-13.3 sec | 08/16/05 10:30 | 14.5(H) 08/11/05 06:41 |
| PT-INR | 1.1 | | 08/16/05 10:30 | |
| PTT | 27.8 | 22.1-35.1 sec | 08/16/05 10:30 | 39.2(H) 08/11/05 17:55 |

Urinalysis

| | | | |
|---|---|---|---|
| Urinalysis | | | |
| Color | Yellow | YELLOW | 08/07/05 10:30 |
| Appearance | Clear | CLEAR | 08/07/05 10:30 |
| GLUC - UA | NEGATIVE | NEG | 08/16/05 10:35 |
| Bilirubin | NEGATIVE | NEG | 08/07/05 10:30 |
| Ketones | NEGATIVE | NEG | 08/16/05 10:35 |
| Specific Gravity | 1.010 | 1.001-1.035 | 08/16/05 10:35 |
| Blood - UA | NEGATIVE | NEG | 08/16/05 10:35 |
| pH | 6.5 | 5.0-9.0 | 08/16/05 10:35 |
| Protein - UA | NEGATIVE | NEG | 08/16/05 10:35 |
| Urobilinogen | NEGATIVE | NEG | 08/07/05 10:30 |
| Nitrites | NEGATIVE | NEG | 08/16/05 10:35 |
| WBC Screen | NEGATIVE | NEG | 08/16/05 10:35 |
| Hyaline Cast | 10-20 | /lpf | 01/31/01 16:04 |
| Granular Cast | 0-2 | None /lpf | 01/31/01 16:04 |
| RBC - UA | >100 | /hpf | 01/31/01 16:04 |
| WBC - UA | 20-50 | /hpf | 01/31/01 16:04 |
| Bacteria | Few | None /hpf | 01/31/01 16:04 |
| Squamous Cells | Few | /hpf | 01/29/01 10:47 |
| Amorphous Cry... | Moderate | /hpf | 01/31/01 16:04 |

Immunology

| | | | |
|---|---|---|---|
| Immunology Miscellaneous | | | |
| Helicobacter ... | POSITIVE | NEGATIVE | 04/11/97 11:19 |

Cell Markers

| | | | |
|---|---|---|---|
| Tumor Markers | | | |
| PSA, Total | 2.5 | 0.0-4.0 ng/ml | 06/06/02 15:47 |

| | | | |
|---|---|---|---|
| PSA Screening | 1.7 | 0.0-4.0 ng/ml | 02/02/05 11:10 |

**ECG (8/16/05):** Sinus bradicardia @ 56 bmp, 1 mm ST elevation in V2, TWI in V2-V5, biphasic T wave in III and aVF. Unchanged from 8/11.

**Myocardial perfusion imaging (8/10/05):** Rest redistribution scans demonstrate a small fixed apical defect. The remaining myocardium is viable.

**CXR (8/16/05):** Clearing of mild CHF since 8/7/05. Multiple granulomata.

**Femoral artery US (8/16/05):** No evidence of pseudoaneurysm or AV fistula on either side.

**A/P:** This is a 75 y.o. man, with known CAD. He had an episode of unstable angina 9 days prior to admission and underwent catheterization. A stent in LAD was placed. Now he presents with chest pain. According to cardiology consult, acute trombosis on stent is unlikely (no significant ECG changes), whereas a stent interference with collateral circulation supplying RCA might be possible.

1. Chest pain
   - Ischemia: Initial CK and Tn negative; check Tn Q8H (x3).
     - ASA 325 mg PO QD
     - Plavix 75 mg PO QD
     - Metoprolol 25 mg PO QD
     - Lipitor 80 mg PO QD
     - Lisinopril 10 mg PO QD
     - Heparin 800 U/h IV
     - a) Probably will go to CathLab tomorrow to assess permeability of the stent in LAD and of the collateral septal branch of LAD.
     - b) If chest pain recurs overnight, give Integrillin and send immediately to Cardiology SDU
   - Pump: no evidence of heart failure. EF 50%. No diuretics for now, since early pulmonary edema seen on 8/7 has partially cleared.
   - Rhythm: no arrhythmies. Monitor with telemetry.
2. Hypertension
   - Metoprolol and lisinopril
3. Elevated WBC (13.4 on admission)
   - No evidence of infection. Could be stress-related.
   - Follow up. Check U/A. Blood culture if spike fever. CXR (8/16) was normal.
4. Low back pain
   - Continue Percocet and Oxycontin
5. COPD
   - Asymptomatic, does not take any meds
6. Peptic ulcer disease
   - Continue Nexium

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