Student name: Ariel Niazov
Date of visit: 8/29/23
Patient Name: JC
Location: NYP Queens, Flushing, NY
Source of information: Self and Virtual Interpreter
Reliability: Reliable
Source of referral: Self
Transport: Walked to Hospital

Chief complaint: "Heart Arrythmia" X 3 months

HPI:

48-year-old male with PMHx of hypertension and diabetes mellitus type 2 presents to pre-admission testing with a history of heart arrythmias. Patient states when he gets the arrythmias he has tightness in his chest, has heart palpitations, and has "breathing problems." These events have happened about five years back and then stopped. They started again about three months back and they happen once or twice a month. The tightness and heart palpitations happen in short bursts and at the peak the registered pain is at a 7/10. Pt denies any cough, vomiting, fever, headache, abdominal pain, any sick contacts, or recent travel.

Past Medical History
Present illnesses:
- Hypertension – controlled with Rx
- Diabetes Type 2 – controlled with Rx
- Hyperlipidemia – controlled with Rx

Immunizations: up to date; Covid vaccine Pfizer X 3; Flu vaccine 11/2022

Past surgical history
None

Medications
- Metoprolol – 25mg BID – compliant
- Enalapril – 5 mg BID – compliant
- Atorvastatin – 20mg QD – compliant
- Xarelto – 20mg BID – compliant
- Metformin ER – 50mg QD – compliant
- Januvia – 100mg QD – compliant
- Amiodarone HCL – 200mg QD – compliant

Allergies
- NKDA
- Food allergy: None
- Denies seasonal allergies

Family history
- Mother, living, 75 years old
- Father, living, 73 years old
- 2 children, living and well.
- Maternal/paternal grandparents, deceased, pt unsure of their medical history.

Social History
Mr. JC is lives in a two-bedroom apartment. Patient was reluctant to answer further questions about his family life.
Habits: denies drinking alcohol, smoking cigarettes, or using illicit substance abuse. Drinks coffee and tea daily
Travel: No recent travel
Diet: He makes his meals at home with his wife. He cooks many dishes including chicken and beef dishes as well as making salads
Exercise: Walks around the neighborhood for 30-60 minutes a day
Occupation: Works as a cook in a Chinese fusion restaurant
Safety measures: Puts on his seatbelt when he drives in a car
Sleep: reports that his sleep patterns are fine and sleeps about 7 hours a night
Sexual history: has sexual activity with his wife and denies history of sexually transmitted diseases.

ROS
General – Denies fever, fatigue, weight loss and weakness

Skin, Hair, Nails – Denies any change in hair texture, excessive dryness or sweating, discolorations, pigmentations, rashes, or pruritus

Head – Denies losing unconsciousness or being lightheaded.

Eyes – Admits to wearing glasses. Patient denies visual disturbances, fatigue, lacrimation, photophobia, or pruritus.

Nose/sinus – Denies obstruction, discharge, or epistaxis.

Ears - Denies deafness, pain, discharge, tinnitus, or hearing aids.

Mouth/throat - denies bleeding gums, sore tongue, mouth ulcers, voice changes or denture use.

Neck - denies localized swelling/lumps or stiffness/decreased range of motion.

Breast - denies lumps, nipple discharge, or pain.

Pulmonary system – Admits to dyspnea. Denies orthopnea, wheezing, hemoptysis, cyanosis, cough, paroxysmal nocturnal dyspnea.

Cardiovascular system – Admits to palpitations, irregular heartbeat, and hypertension. Denies chest pain, edema/swelling of ankles or feet, syncope, or known heart murmur.

Gastrointestinal system – Denies vomiting, decreased appetite, dysphagia, pyrosis, flatulence, eructation, abdominal pain, flank pain, diarrhea, jaundice, change in bowel habits, constipation, or rectal bleeding

Genitourinary system – Denies incontinence, change in urine color, polyuria, dysuria or nocturia

Menstrual/obstetrical – Not applicable

Nervous - Denies weakness, sensory disturbances, seizures, or loss of strength.

Musculoskeletal system – Denies muscle pain, deformity or swelling, redness, back pain, or arthritis.

Peripheral vascular system – denies intermittent claudication, trophic changes, varicose veins, peripheral edema, or color changes.

Hematologic system - denies easy bruising and bleeding, anemia, lymph node enlargement, blood transfusions, or h/o DVT/PE.

Endocrine system - denies polyuria, polydipsia, polyphagia, heat or cold intolerance, excessive sweating, hirsutism, or goiter.

Psychiatric - Denies feelings of anxiety or depression, helplessness or hopelessness, lack of interest in usual activities, suicidal ideation, OCT, or history of seeing a mental health professional.

Physical Exam
General: Well-dressed middle-aged male, who is dressed appropriately for the weather and appears his stated age. He is awake, alert, and oriented x 3 and in no acute distress.

Vital signs:
- BP:
- Supine
- R: 110/72 mm/Hg
- L: 110/70 mm/Hg
- Seated
- R: 108/68 mm/Hg
- L: 110/70 mm/Hg
- Respiratory rate: 14 breaths/min, unlabored
- Pulse: 84 beats/min, regular
- Temperature: 98.4 degrees F (oral)
- O2 sat: 99% room air
- Height: 67 inches
- Weight: 145 lbs
- BMI: 22.7

Skin – A dark colored 0.5 cm X 0.2 cm bruise with regular borders was found on the right posterior forearm 2cm from the medial epicondyle. Good turgor. No tenting. Normal body temperature was noted. Nonicteric

Hair – Average quantity and distribution. No nits or lice were seen; no seborrhea was noted

Nails – No clubbing was seen; cap refill was under 2 seconds. No splinter hemorrhages, lesions, swelling nor any beau's lines were noted. Atraumatic.

Head – Normocephalic, atraumatic and non-tender to palpation.

Eyes – Symmetrical OU. No strabismus, exophthalmos or ptosis. Sclera white, cornea clear, conjunctive pink.

Visual acuity uncorrected – 20/40 OS, 20/20 OD, 20/20 OU
Visual fields full OU. PERRLA, EOMs intact with no nystagmus
Fundoscopy – Red reflex intact OU. Cup to disk ratio <0.5 OU. No AV nicking, hemorrhages, exudates, or neovascularization OU.

Ears – Symmetrical and appropriate in size. No lesions, masses or trauma on external ears. No discharge, bleeding or foreign bodies in external auditory canal AU. Some cerumen was noted bilaterally. TM's pearly-white, intact with cone of light in normal position AU. Auditory acuity intact to whispered voice AU. Weber midline and Rinne test reveals AC > BC.

Nose – Symmetrical nares with no masses, lesions, deformities, trauma or discharge. Nares patent bilaterally. Nasal mucosa pink. No discharge noted on anterior rhinoscopy. Septum midline without any lesions, deformities or perforation. No foreign bodies.

Sinuses – Non tender to palpation and percussion over bilateral frontal and maxillary sinuses.

Lips – Pink, moist with no cyanosis or masses noted. Non-tender to palpation.

Oral Mucosa – Pink and well hydrated. No masses, lesions or leukoplakia noted.

Palate – Pink and well hydrated. No masses or lesions noted.

Teeth – Good dentition with a couple of filled cavities noted.

Gingivae – Pink and moist. No hyperplasia or masses.

Tongue – Pink, well papillated. No masses, lesions or deviation noted.

Oropharynx – Well hydrated with no erythema, exudates, masses, or lesions. Tonsils are present with no erythema or exudates. Uvula midline with no lesions noted.

Neck – Trachea midline. No masses, lesions, or scars noted. Supple and non-tender to palpation. Full range of motion. No palpable cervical adenopathy.

Thyroid – Non-tender, no thyromegaly. No palpable nodules nor any bruits noted.

Chest – Symmetrical, no deformities, no trauma. Respirations unlabored / no paradoxical respirations or use of accessory muscles noted. Lat to AP diameter 2:1. Non-tender to palpation throughout

Lungs – clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus symmetric throughout. No adventitious sounds

Heart – JVP is 2 cm above the sternal angle with the head of the bed at 30 degrees. PMI is in 5th ICS in mid-clavicular line. Carotid pulses are 2+ bilaterally without bruits. Regular rate and rhythm (RRR). S1 and S2 are distinct with no murmurs, S3 or S4. No splitting of S2 or friction rubs appreciated.

Abdomen – Flat and symmetric with no scars, striae or pulsations noted. Bowel sounds normoactive in all four quadrants with no aortic/renal/iliac or femoral bruits. Non-tender to palpation and tympanic throughout with no guarding or rebound noted. No hepatosplenomegaly to palpation and no CVA tenderness appreciated.

DDX:

Sinus Tachycardia: Given the patients presenting symptoms one differential diagnosis could be sinus tachycardia. The heart palpitations are a good starting line to point at sinus tach.

Pulmonary embolism: The patients heart palpitations and chest tightness with labored breathing really points to a can't miss diagnosis like a PE. That's why it's so high on this list. This DDX should really be ruled out with an extended history and possibly a D-dimer or CTA if indicated.

Panic attack: Everyone goes through stress differently. Some are stoic and can handle life very well, while others go into a full-blown panic attack. The patient's symptoms did point towards a possible panic induced attack, and that would have to be look at with a more detailed history and possible psych exam.

Atrial fibrillation: Another possible diagnosis could be atrial fibrillation. An EKG was not done yet but the chest pain and heart palpitations with labored breathing could point to another heart arrythmia.

Atrial flutter: If we added atrial fibrillation to the DDX, then we must rule out atrial flutter as well.

Assessment:

Mr. JC is a 48-year-old male with a PMHx of HTN and Type 2 diabetes who is complaining of heart palpitations, chest tightness and dyspnea twice a month for 3 months straight. The most probable cause for the patients' symptoms is supraventricular tachycardia. An EKG would need to be performed to verify this diagnosis. The patient will also be worked up for the other differential diagnoses that have been mentioned as well.

Work Up:

CBC with Diff

EKG

Echo

D-Dimer

Chest XR

Psych Exam and further history work up

Plan:

Since these symptoms have been going on at regular intervals and have not yet subsided, the patient will be going through getting an ablation to circumvent the electrical current to stop the patient from having the recurrent bouts of SVT.