

SOAP #11**S:**

BD is a 58 yo M with pmh of HLD, DM, HTN and recent PCI in December 2020. Patient is presenting to ED stating that he still has CP only when exerting himself while running up the stairs or when running to catch the train. States that he never "felt 100%" after his PCI and was told by his PMD to come to the ED for further evaluation. Last stress test and visit with a cardiologist was in Jan 2021.

Denies any current or active CP, SOB, diaphoresis, abd pain/n/v/d, syncope, headache, dizziness, weakness, numbness, tingling, cough, hemoptysis, fever, h/o MI, h/o stroke, h/o PE, fmh of MI/stroke, h/o smoking

PMH: HTN, HLD, DM2

PSH: PCI RCA and OM2 December 16, 2020

Allergies: NKDA

Medications: Atorvastatin, Aspirin, Lisinopril, Almodipone, Metformin, Clopidrogel, Bisoprolol

FHx: Denies any

SHx: Non-smoker, denies past or present EtOH use or drug use

O:

T 36.7C | BP 128/71mmHg | P 70BPM, regular | RR 18 breaths/min, unlabored | SpO2 98% RA
H 70in | W 160 lbs | BMI 24.4

Gen: Slender, well groomed, looks of stated age of 58 years. AxO x3. Appears in no acute distress.

Skin: Warm, dry, non-icteric, intact, no rashes no lesions, no erythema

HEENT: NC/AT, PEERL, EOMI, nares patent, mucous membranes moist

Neck: Supple, no lymphadenopathy, normal ROM, no JVD, no bruits, no palpable mass

CV: RRR. No murmurs, friction rubs, no gallops

Pulm: Clear to auscultation and percussion bilaterally. Chest expansion symmetrical. No wheezing, rhonchi, rales, dullness.

Abdomen: Soft, non distended, non tender, normoactive bowel sounds, negative murphy's, no mcburney's point tenderness, no pulsatile masses

Extremities: Normal tone and ROM, cap refill <2s, no edema

Neurological: Cranial nerves II to XII intact, sensation intact throughout, no gait abnormalities, cerebellar testing normal

A:

58 yo M with pmh of HLD, DM, HTN and recent PCI presenting with chronic CP on exertion and unremarkable physical exam. Likely stable angina.

Differential Diagnosis:

- MI
- Dysrhythmia
- Electrolyte abnormality
- Stable Angina
- Anxiety

P:

Labs: BMP, CBC, D-dimer, eGFR, aPTT, D-dimer, pBNP, Flu A/B, Sars-COC-2 NAAT, Troponin x2

Imaging/Tests: ECG, CXR

Exertional CP → Consult cardio

Initial DDx Based on CC:

- Narrow-complex tachycardias
- Wide-complex tachycardias
- AV blocks
- Second Degree AV Block Type I

Adjusted DDx After H&P:

- MI/ACS
- Dysrhythmia
- Electrolyte abnormality
- Adverse reaction to lidocaine

- Second Degree AV Block Type II
- Third Degree AV Block
- Premature atrial contraction
- Premature junctional contraction
- Premature ventricular contraction
- Sick sinus syndrome
- Non-arrhythmic cardiac causes:
- Acute coronary syndrome
- Cardiomyopathy
- Congenital heart disease
- Congestive heart failure
- Mitral valve prolapse
- Pacemaker complication
- Pericarditis
- Myocarditis
- MI
- Valvular disease
- Panic attack
- Anxiety
- Somatic Symptom Disorder
- Alcohol
- Caffeine
- Drugs of abuse
- Tobacco
- Anemia
- Hyperthyroidism
- Pulmonary embolism
- Dehydration
- Sepsis
- Pheochromocytoma

- Anxiety