

Increasing Shortness of breath with activity x 1 month

Hx Dm and hyperlipidemia. Denies heart attack

Primary diagnosis for a 67 year old female who came in for SOB with activity, intermittent chest pain/pressure in the right midchest that doesn't radiate and last for 30 minutes, pain is relieve with rest. Denies coughing, swelling and wt gain. Hx of DM and hyperlipidemia.

ChatGPT said:

Based on the information you've provided, the most likely primary diagnosis for this 67-year-old female is:

Stable Angina Pectoris (Chronic Coronary Artery Disease)

Rationale:

- Symptoms: Substernal/mid-chest pain and pressure with exertion, relieved by rest, lasting about 30 minutes → classic presentation of *stable angina*.
- Associated risk factors: Diabetes mellitus and hyperlipidemia significantly increase risk for coronary artery disease.
- Negative findings: No cough, swelling, or weight gain → makes CHF, pulmonary disease, or fluid overload less likely.
- Chest pain characteristics: Non-radiating, exertional, pressure-like, and improves with rest → strongly points to ischemic heart disease.

HPI

J.M is a 67-year old F with hx of DM and HLD presents to ED with chief complaints of worsening SOB with activity with associated intermittent 2/10 chest pressure for 1 month. Patient states having to stop what she is doing

due to SOB and chest pain initially noticed while walking that lasted for approximately 30 seconds. The discomfort is consistently relieved by rest. Patient denies burning or stabbing chest pain, nausea, diaphoresis, dizziness, cough, orthopnea, paroxysmal nocturnal dyspnea, wt gain, palpitations, extremity swelling, acid taste in the throat, wheezing, jaw pain and known murmurs. Patient denies seeing a cardiologist before and never had a stress test and states last EKG was normal. Patient doesn't exercise, drinks 2-3 glass of wine per month, used to smoke tobacco 15 years ago for 5 years. She has not tried nitroglycerin or other medications for relief. No recent fevers, chills, or respiratory infections reported.

Reason for encounter: Worsening Shortness of breathe and intermittent chest pain with activity

ROS

General: Worsening Shortness of breathe and intermittent chest pain with activity

HEENT: Denies headache, vision changes, hearing loss, nasal congestion, sore throat, or difficulty swallowing.

Cardio: Reports intermittent right mid-chest pressure with exertion for 1 month, lasting 30 seconds, relieved by rest. Reports shortness of breath on exertion. Denies palpitations, syncope, dizziness, orthopnea, paroxysmal nocturnal dyspnea, lower extremity edema, or known murmurs.

Respi: Reports exertional shortness of breath. Denies cough, hemoptysis, wheezing, or recent respiratory infections.

GI : Denies acid reflux/acid taste in throat, abdominal pain, nausea, vomiting, diarrhea, constipation, hematemesis, melena, or hematochezia.

GU: Denies dysuria, hematuria, urinary frequency, urgency, or incontinence.

Musculo: Denies joint pain, muscle aches, back pain, or gait changes.

Neuro: Denies headaches, weakness, numbness, tingling, difficulty speaking, or focal deficits.

Integ: Denies rashes, lesions, color changes, or non-healing wounds.

Psych: Denies depression, anxiety, mood swings, or sleep disturbances.