Progress Report

Arterial hypertension (59)

tablet7

Date of passing: 06.04.2023 12:05:25 | Completion time: 00:03:07

Passing mode: Perform | Specialization: Cardiology

Age: 60 | Gender: Male | Growth: 168 | Weight: 85 | Body mass index (BMI): 30.1

Correct actions		Not done
52		2
Errors	91 %	Performed out of order
1		6

Summary

100%	1. Introduction
100%	2. Patient Interview
100%	3. Aseptica
100%	4. Patient measurement
100%	5. Patient Examination
100%	6. Physical Examination: Palpation

100%		7. Physical Examination: Percussion
0%		8. Physical Examination: Auscultation
100%		9. Completing the inspection
50%		10. Laboratory Tests
75%		11. Instrumental studies
100%		12. Clinical diagnosis
89%		13. Developing a Treatment Plan
100%		14. Rounding off

Detailed report

Actions

100%	1. Introduction
✓	1.1. Say hello
✓	1.2. Invite the patient to sit down
✓	1.3. Introduce yourself
✓	1.4. Get the patient’s full name
✓	1.5. Clarify the patient's age
100%	2. Patient Interview
	2.1. Shortness of breath (dispnoe):
✓	2.1.1. At slight physical exertion
✓	2.1.2. Heart palpitations
	2.2. Headache:
✓	2.2.1. Pain in the back of the head
✓	2.2.2. Increased blood pressure
	2.3. Weakness:
✓	2.3.1. Significant weakness and increased fatigue.
	2.4. Emotional-volitional sphere:
✓	2.4.1. Death anxiety
✓	2.5. The real deterioration on the background of sleep disorders, stress - there was a headache in the occipital area, general weakness, palpitations, a feeling of anxiety and fear of death.
✓	2.6. Since the age of 50 he has been regularly seeing a doctor. For a long time he did not observe the recommendations for taking medications. Last years blood pressure figures began to reach 160-170 mmHg, blood pressure rises are accompanied by the above complaints. Regular

	self-administration of antihypertensive drugs had no effect. Real worsening against the background of sleep disorders, stress. Recently, self-monitoring of BP during the day - 170/100 mmHg. At the moment she takes Enalapril 20 mg per day, Indapamide 2.5 mg per day, Bisoprolol 10 mg per day, as recommended by the attending physician. Against this background, blood pressure is 120-125/80 mmHg, when discontinuing the drugs, it becomes high again.
✓	2.7. High BP numbers up to 150/90 mmHg have been registered since the age of 45, usually in response to stressful situations.
✓	2.8. Denies bad habits
✓	2.9. Father has hypertension, mother has hypertension and AMI at age 55, brother has AMI at age 51
✓	2.10. The head of the enterprise. Leads a sedentary lifestyle.
✓	2.11. Lives in a comfortable apartment in the city
✓	2.12. Getting approval for Examination
100%	3. Aseptica
✓	3.1. Perform hand hygiene
100%	4. Patient measurement
✓	4.1. Blood pressure (160/90)
✓	4.2. Saturation (91)
✓	4.3. HR (83)
✓	4.4. RR (20)
✓	4.5. Body temperature (36.6)
✓	4.6. Ask the patient to stand on the weighing scale
100%	5. Patient Examination
	5.1. General manifestations:
✓	5.1.1. Increased nutrition
100%	6. Physical Examination: Palpation

✓	6.1. Arteries radial both at the same time: Solid, tense pulse.. HR (83)
✓	6.2. Apex thrust: Reinforced.
100%	7. Physical Examination: Percussion
✓	7.1. Left border of relative cardiac dullness: 1.5 cm outward from the midclavicular line at the 5th intercostal space.
0%	8. Physical Examination: Auscultation
✗	8.1. Auscultation point of the aortic valve/aortic orifice: Heart tones are muffled, rhythmic, tone ratios are not disturbed, there is a very loud high II tone on the aorta.
100%	9. Completing the inspection
✓	9.1. Perform hand hygiene
50%	10. Laboratory Tests
	10.1. Blood biochemical analysis:
✓ ◔!	10.1.1. Total cholesterol: 6.4 mmol/l
✓ ◔!	10.1.2. HDL cholesterol: 0.7 mmol/l
✓ ◔!	10.1.3. Triglycerides: 3.5 mmol/l
✓ ◔!	10.1.4. Serum creatinine: 140 µmol/l
	10.2. General analysis of urine:
✓ ◔!	10.2.1. Microalbuminuria (using test strips): 200 мg/l
✓ ◔!	10.2.2. Protein: 0.2 mmol/l
75%	11. Instrumental studies
	11.1. Ultrasound examinations:
✓	11.1.1. Echocardiography (EchoCG) : Maximum left atrial anteroposterior dimension 48 mm, left ventricular end-diastolic dimension (EAD) 54 mm, left ventricular end-systolic dimension (ESD) 32 mm, interventricular septal thickness in diastole 12 mm, left ventricular posterior wall thickness in diastole 13 mm. Maximal divergence of aortic valve cusps 19 mm, aortic root diamater 33 mm, maximal anteroposterior dimension of the right ventricular outflow tract 38

walls were thickened, calcified, hemodynamically insignificant plaques; aortic valve leaflets: mm, EF 59% (by Simpson), EF 141 ml, stroke volume 100 ml. The aorta was not dilated, its regurgitation 1 st on the aortic valve, regurgitation on the tricuspid valve 1 st, on the mitral valve 1 st. Left ventricular hypertrophy. The contractile function was satisfactory. Minimal diastolic dysfunction. No effusion in the pericardial cavity

11.2. Radiographic studies:

11.2.1. Chest X-ray (2 projections) : Pulmonary fields without focal and infiltrative shadows. Sinuses are free. Increased airiness of pulmonary tissue. Dilation of heart borders to the left (cardiothoracic index >0.5).

11.3. Functional research methods:

11.3.1. SMAD (daily blood pressure monitoring) : BP monitoring was conducted in weekend mode under typical outpatient conditions. Analysis was made taking into account the effect of habituation (the first three measurements were excluded). The cuff was placed on the left shoulder. Medication background Enalapril 10 mg daily, Bisoprolol 10 mg daily, Indapamide 2.5 mg daily Mean daily BP 145/90 mmHg. Per day hypertension time index: BP 20%, BPD 40% Average HR over a day of 80 beats per minute Daytime BP: BP 110 to 160 mmHg, BP 60 to 95 mmHg Blood pressure at night: BP between 120 and 180 mmHg, BP between 60 and 90 mmHg. Conclusion. The daily BP profile was of the hypertensive type, with episodes of moderate BP rise in the daytime and episodes of BP rise at night. Average HR over the day was 80 per minute. BP variability during the day and at night was normal. There was a violation of diurnal rhythm of BP in the form of "night peaker". (83) (160/90)

11.4. Ophthalmic examinations:

11.4.1. Ophthalmoscopy (fundus examination) : Narrowed arterioles. Gvist's symptom - corkscrew symptom. Conclusion Hypertensive angiopathy

100% 12. Clinical diagnosis

12.1. Primary disease:

12.1.1. I10 Essential (primary) hypertension

12.2. Concomitant disease:

12.2.1. I70.0 Atherosclerosis of aorta

12.2.2. I67 Other cerebrovascular diseases

89% 13. Developing a Treatment Plan

13.1. Recommendations:

✗	13.1.1. Moderate physical activity
✓	13.1.2. Diet with restriction of animal fats, "fast" carbohydrates, table salt up to 5 g per day
✓	13.1.3. Reducing body weight
✓	13.1.4. Blood pressure and heart rate monitoring (160/90)
✓	13.1.5. Ultrasonography of carotid arteries, kidneys and renal arteries, adrenal glands
✓	13.1.6. Ultrasonography of femoral and iliac arteries
✓	13.1.7. Computer tomography (Ca-scoring)

13.2. Pharmacotherapy:

✓	13.2.1. ACE inhibitors in combination with calcium channel blockers
✓	13.2.2. Rosavastatin

100% 14. Rounding off

✓	14.1. Say goodbye