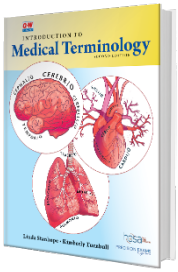


Case Study

It was a hot, dry day in August, and twice-daily practices had begun in preparation for the football season. During the first week of practice, Coach Bob Simmons began to feel easily fatigued, especially during the afternoon hours. Throughout the week, temperatures had steadily risen above 100° F. By Friday, Bob was suffering from dizziness, shortness of breath, chest pressure, jaw pain, and excessive sweating.

The football trainers, noticing these physical changes, were concerned for the coach's health. One of them called 9-1-1 and then notified Bob's wife. In the emergency room, a nurse took Bob's vital signs. His pulse, at 96, was elevated. His blood pressure, 190/100, was also high. His respirations (rate of breathing in and out) were rapid, his skin was clammy, and Coach Simmons continued to complain of shortness of breath. The emergency room performed an electrocardiogram, or ECG/EKG (test that measures the electrical activity of the heart); ordered and drew blood work; and scheduled a stress test for a later date.

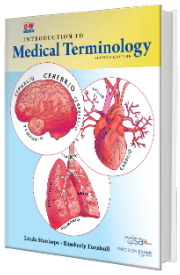
Your Turn

- What kind of health condition do you think Coach Simmons is experiencing?
- What facts in the case study led you to this conclusion?
- What kind of medical professional do you think could help Coach Simmons?
- What action(s) might the medical expert take to help him?

You will refer to this case study when you interpret Coach Simmons's medical record in the next activity.

Your Turn

Activity from ***Introduction to Medical Terminology.***



Medical Record Practice

After further testing, it was determined that Bob Simmons, a football coach, needs a cardiac catheterization. The following is the cardiac catheterization report. Read Bob's report. Then, on a separate sheet of paper, write a definition for each highlighted term and abbreviation. These terms and abbreviations are also listed.

ARCHER AVENUE CARDIAC CARE CENTER

6450 South Archer Avenue • Hospital City, US 12345-6789

PHONE: (XXX) XXX-5570 • FAX: (XXX) XXX-5571

PT NAME: Bob Simmons

PT ID: 400352

PCP: Carrie Kelly, MD (Cardiovascular Disease)

DATE OF CATHETERIZATON: 08/04/20XX

PROCEDURES PERFORMED: Left heart catheterization, left **ventriculography**.

REASON FOR PROCEDURE: Unstable **angina** and abnormal stress test.

FINDINGS:

1. Left main coronary artery was short and patent (exposed).

2. Left anterior descending coronary artery had total occlusion (obstruction) in the **proximal** and midportion.

3. Circumflex coronary artery had 95% lesion in the proximal portion.

4. Right coronary artery (RCA) had 90% proximal and 100% total occlusion in the midportion.

GRAFTS: Left internal mammary artery graft to the **LAD** coronary artery was patent. The saphenous (suh-FEE-nuhs) vein* graft to the diagonal vessel was also patent. The saphenous vein graft to the obtuse marginal artery† was not located and was not selectively engaged (connected).

*A superficial vein that extends from the dorsum of the foot to the upper thigh; the longest vein in the human body.

†A smaller branch of a coronary artery; left marginal artery.

COLLATERALS: There were collaterals (side branches) noted from the LAD, septal, and obtuse marginal arteries to the right side.

Left ventriculography revealed an overall ejection fraction of around 40% with inferobasal (below the base) **akinesis** and midanterior and septal **hypokinesis**. End-diastolic pressure was normal at 13 **mmHg** (measure of blood pressure). There was no gradient across aortic valve on pullback.

At the end of the procedure, the decision to proceed with **angioplasty** and stent placement of the critical circumflex lesion was made.

Word Bank:

1. ventriculography
2. angina
3. proximinal
4. LAD
5. akinesis
6. hypokinesis
7. mmHg
8. angioplasty