Lily Fremaux
Ambulatory Care Rotation
H&P 1
06/08/2026

Name: J. V. H.
DOB: 10/03/2000
Location: One Stop Medical, Bronx, NY
Address: Bronx, NY
Source of information: Self
Reliability: Reliable

HPI:
25 y/o female with a PMHx of pericarditis (2020) in the setting of COVID infection and GERD here for evaluation of intermittent palpitations for two days. Pt states that when she stands for a long time she notices palpitations described as her heart racing and skipping beats. Associated with intermittent non-pleuritic chest pain radiating to left posterior described as mild pressure. States that these symptoms feel different than her previous pericarditis and different from previous GERD. Reports some shortness of breath and dyspnea on exertion, but unable to state whether it is associated with episodes of palpitations and CP. Currently in the office states that she is having palpitations, but denies any CP. Has not tried anything to help alleviate symptoms and she cannot identify anything that aggravates symptoms. Rates CP as a 3/10 in severity at its worse. Patient states recent increased stress at work and stress surrounding her son, who is not with her here in New York but is in the Dominican Republic. Patient does not follow with a cardiologist and denies family history of cardiac issues including early cardiac death. Denies nausea and vomiting. Denies personal history of HTN or HLD. Denies being on any daily medications. Denies smoking, drinking alcohol, and drug use including the use of cocaine, methamphetamine, or other stimulants. States she has one cup of coffee in the morning, which she has done since age 15, and no other caffeine. Denies recent travel, recent surgeries, recent prolonged immobilization, or use of OCPs. Pt unsure of last menstrual period.

PMHx: GERD, Pericarditis (2020)
PSHx: C-section x1
Family history: Mom with history of HTN
Social: Denies smoking, drinking, and drug use.

ROS:
Cardiac: Palpitations and CP, radiating to left shoulder
Respiratory: Shortness of breath/dyspnea on exertion
Gastrointestinal: Denies nausea and vomiting

Physical Exam:
Vitals:
HR: 90 beats/minute

BP: 141/81 manual blood pressure RUE seated
SPO2: 99% on RA
RR: 14 breaths/minute
BMI: 22.65 (Weight 149 lbs, height 172.72cm)

General Appearance:
In no acute distress, non-diaphoretic, sitting comfortably, well developed, well groomed, well nourished, dressed appropriately for the weather

Cardiac: Regular rate and rhythm. No murmurs, rubs, or gallops. Normal S1 S2.

Pulmonary: Lungs clear to auscultation bilaterally. No increased work of breathing or accessory muscle use. Speaking in full sentences.

Skin: Warm, dry with no obvious lesions. No pallor.

MSK: Non-tender chest wall

Psych: Alert, clear and linear speech, thought process logical and goal directed, good eye contact, good judgement and insight

Assessment: 25 y/o female with a PMHx of pericarditis and GERD presenting for two days of palpitations associated with CP and left shoulder pain. Also with episodes of shortness of breath and dyspnea on exertion over this time. Exam grossly unremarkable. EKG here showed NSR at a rate of 85 bpm, normal axis, normal intervals, with no T-wave inversions or ST elevations or depressions. Most likely intermittent cardiac arrhythmia, such as PVCs/PACs or possible SVT or A-fib/A-flutter, or anxiety related. Must consider ACS/MI and PE, although both less likely given young age, normal cardiac and pulmonary examination, no risk factors, and normal EKG. Must also consider hyperthyroidism, anemia, and possible pregnancy.

DDx:

- ACS/MI:
    - Patient with symptoms of palpitations and left-sided CP radiating to the left shoulder.
    - However, patient is young with a normal cardiac exam, normal EKG, no acute distress, and no risk factors
- PE:
    - Can present as palpitations, CP, and dyspnea
    - However, patient not tachycardic, not hypoxic, and with a normal cardiac and pulmonary examination. Also with no PE risk factors.
- Electrolyte abnormalities:
    - Including but not limited to hypokalemia and hypomagnesemia
    - Can cause palpitations/arrhythmias

- Cardiac arrhythmia
    - PVCs/PACs: Patient description of “heart skipping a beat” is classic for PVCs/PACs
    - SVT, A-fib, A-flutter: Patient’s description of heart racing could be tachyarrhythmias
    - EKG here is normal; however, very possible patient asymptomatic and without palpitations at time of EKG.
- Recurrent pericarditis
    - Must consider given history and symptoms
    - However, patient with no recent illness, states that symptoms do not feel like previous pericarditis, and no diffuse ST elevations on EKG.
- Anemia:
    - Can manifest as palpitations
- Hyperthyroidism:
    - Can manifest as palpitations
    - However, on exam patient with no other signs or symptoms of hyperthyroidism such as hair thinning, excessive sweating, heat intolerance, or tremor
- Pregnancy
    - Possible given unknown last menstrual period
- Anxiety:
    - Can manifest as palpitations, CP, and dyspnea.
    - However, must rule out other acute causes

Plan:

Lab work including CBC, CMP, magnesium, and TSH
Urine pregnancy test
EKG as above
If largely unremarkable, referral to cardiology for follow-up and holter monitor.
Instructed patient to go to ED if experience increase in palpitations, CP, or shortness of breath or if she has crushing CP, diaphoresis, or any other concerning symptoms.