**Subjective**

The patient reports that he has been having fluctuating chest pains for the past one month. He reports experiencing periodic chest pain with overeating, upon movement or exertion such as yard work. He indicates the location of the pain as mid-sternum. He describes the pain as uncomfortable and tight. He denies radiation. He further reports that the pain lasts for a few minutes and goes away after rest. His most recent episode of chest pain was 3 days ago. He also reports mild pain in the lower extremities with activity. His typical diet includes sandwiches, vegetables, and grilled meat. He reports that he takes fast food when busy and takes about 1-2 coffee daily. He denies any heartburn, breath shortness, dizziness, nausea, diarrhea, vomiting, jaw pain, or any weakness. During the presentation, he denied any chest pain.

**Objective**

* General survey: The patient was alert and oriented to time, place, and event. Good eye contact. His speech is clear and was sited comfortably without any distress.
* Cardiovascular: S1, S2, without rubs or murmurs. Mitral area, displaced laterally. No fluid retention or swelling. Right carotid pulse with thrill, 3+. Capillary refill within less than 3 seconds. No ST changes and regular sinus rhythm (EKG).
* Respiratory: The patient’s breathing is unlabored and quiet. Clear breath sounds to auscultation within RML and upper lobes. Fine crackles in posterior bases in both lungs.
* Gastrointestinal: Soft, round, and non-tender with normal bowel sounds within all quadrants. Tympanic throughout. No bruits. No tenderness with palpation. Liver palpable; kidneys and spleen not palpable.
* Neurological: No seizures, alert and oriented to time, place, and event. No loss of balance. Follows commands well. Gross cranial nerves grossly intact. Movement in all extremities.
* Musculoskeletal: Movement in all extremities. No joint pain or muscle pain.
* Skin: No notable abnormalities on the skin. The skin appears dry, pink, and intact.

**Assessment**

From the respiratory and cardiovascular findings, the differential diagnoses for the patient include congestive heart failure; aortic aneurysm; coronary artery disease; GERD; or pericarditis.

**Plan**

The patient should undergo a chest x-ray, appropriate lab work, and 12-lead ECG to confirm the exact diagnosis. For the chest pain that does not reduce with rest. He should be prescribed nitroglycerin. The patient will be referred for an echocardiogram. The patient will be educated about lifestyle modifications such as being physically active and taking a healthy diet that includes a high intake of fruits and vegetables and reduce the high intake of fatty/fast foods and red meat.

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