

QUESTION

A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain. The patient reports a 15-minute episode of severe, crushing chest pain radiating to the left arm and jaw. He has a history of smoking 20 cigarettes per day for 30 years and has been on treatment for hypertension and hyperlipidemia for several years. The patient is currently on a beta-blocker, a calcium channel blocker, and a statin. The patient's vital signs are stable, and there are no signs of acute pulmonary embolism or aortic dissection. The patient's electrocardiogram (ECG) shows ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3. The patient's chest X-ray is normal. The patient's blood work shows a troponin I level of 0.15 ng/mL and a creatine phosphokinase-MB level of 150 U/L. The patient is diagnosed with an acute myocardial infarction (AMI) and is admitted to the cardiac care unit. The patient is started on aspirin, a P2Y12 inhibitor, and a beta-blocker. The patient is also started on a statin and a calcium channel blocker. The patient is monitored closely for any signs of complications.

Parameter	Normal Range	Patient Value
Troponin I	< 0.04 ng/mL	0.15 ng/mL
CK-MB	< 5 U/L	150 U/L
ECG	Normal	ST-segment depression in leads II, III, and aVF; ST-segment elevation in leads V1, V2, and V3
Chest X-ray	Normal	Normal

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