

### QUESTION

1. A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain and shortness of breath. The patient reports a sudden onset of pain in the left chest, which radiates to the left arm and jaw. The pain is described as a heavy, crushing pressure. The patient has a past medical history of coronary artery disease, diabetes mellitus, and chronic kidney disease. He is currently on aspirin, beta-blockers, and statins. The patient's vital signs are: heart rate 110 bpm, blood pressure 180/100 mmHg, respiratory rate 22 breaths per minute, and oxygen saturation 92% on room air. Physical examination reveals tachycardia, clear lungs, and a normal heart sound. The patient is currently on aspirin, beta-blockers, and statins.

Parameter	Value	Reference Range
Heart Rate	110 bpm	60-100 bpm
Blood Pressure	180/100 mmHg	90-120/60-80 mmHg
Respiratory Rate	22 breaths per minute	12-20 breaths per minute
Oxygen Saturation	92% on room air	95-100% on room air
ECG	ST-segment elevation in leads V1-V4	Normal
CK-MB	150 U/L	<5 U/L
Troponin I	0.15 ng/mL	<0.04 ng/mL
BUN	25 mg/dL	7-20 mg/dL
Cr	1.8 mg/dL	0.7-1.3 mg/dL

2. A 45-year-old female patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain and shortness of breath. The patient reports a sudden onset of pain in the left chest, which radiates to the left arm and jaw. The pain is described as a heavy, crushing pressure. The patient has a past medical history of coronary artery disease, diabetes mellitus, and chronic kidney disease. He is currently on aspirin, beta-blockers, and statins. The patient's vital signs are: heart rate 110 bpm, blood pressure 180/100 mmHg, respiratory rate 22 breaths per minute, and oxygen saturation 92% on room air. Physical examination reveals tachycardia, clear lungs, and a normal heart sound. The patient is currently on aspirin, beta-blockers, and statins.

### ANSWER



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