

QUESTION

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. He also experiences lightheadedness and a feeling of impending doom. The patient's vital signs are: blood pressure 180/110 mmHg, heart rate 110 bpm, respiratory rate 20 breaths per minute, and oxygen saturation 92% on room air. The physical examination reveals a clear lung field, a normal heart sound, and a normal abdomen. The patient's electrocardiogram (ECG) shows ST-segment elevation in leads V1, V2, and V3, consistent with an anterior wall myocardial infarction (MI). The patient is diagnosed with acute coronary syndrome (ACS) and is admitted to the cardiac care unit.

ANSWER

The patient's presentation is consistent with an acute anterior wall myocardial infarction (MI). The ST-segment elevation in leads V1, V2, and V3 is characteristic of an anterior wall MI. The patient's symptoms of acute chest pain, shortness of breath, lightheadedness, and a feeling of impending doom are also consistent with this diagnosis. The patient's vital signs, including a blood pressure of 180/110 mmHg, a heart rate of 110 bpm, and an oxygen saturation of 92% on room air, are also consistent with an acute MI. The physical examination reveals a clear lung field, a normal heart sound, and a normal abdomen, which are also consistent with an acute MI.

The patient's diagnosis is acute coronary syndrome (ACS) with an anterior wall MI. The patient's symptoms and physical examination findings are consistent with this diagnosis. The patient's ECG findings of ST-segment elevation in leads V1, V2, and V3 are also consistent with an anterior wall MI.

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