

Hornsby Mall Medical Centre

Suite 1-2
32 Florence Street
Hornsby 2077
Phone :02-84112373
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Dr Mohammad Sabbir Rahman
MBBS,MRCGP,FRACGP
6118143A

09/04/2024

Dr Chris Neil
Heartwise
58a Whitehorse Road
Deepene VIC 3103
Phone: 1300 870 772
Fax:

Re:Mrs Renee Margaret AMATO
02/01/1982
43 Wisteria Crescent
Cherrybrook 2126
Home : ,Mobile 0477 988 787

Dear Chris,

Thank you for seeing Mrs Renee Margaret AMATO 42 yrs old Female for your care and advice .She has been suffering from stabbing chest pain since September 2021 and attended ED(at Hornby Hospital - Sep 21 and also Royal North Shore Hospital- May 2023). She was diagnosed with pericarditis. She was seeing Dr Elizabeth Shaw at the SAN clinic and prefers to have a second opinion for her ongoing chest pain

Past Medical History:

18/07/2014 Contraception, OCP
21/06/2016 Tendinitis
17/10/2016 Migraine
17/10/2016 Contraception, depot
30/03/2017 Anxiety disorder
07/07/2017 Rhinitis
20/08/2018 Neck pain with radiculopathy
21/08/2018 Right middle lobe pneumonia
07/09/2021 Pericarditis

Allergies: Nil known.

Smoking History: Non smoker

Medication History:

Colgout 500mcg Tablet	1 Tablet Twice a day.
Dymista 125/50 125mcg;50mcg Nasal spray	1 Spray Twice a day.
Magmin 500mg Tablet	2 Tablets Daily.

Thank your for your care .

Regards



Dr Mohammad Sabbir Rahman

MRS Renee AMATO

DoB

Hornsby Hospital

Author	Marie Rose MENDOZA (Health Professionals nfd)
Phone	(02) 9477 9123
Discharge To	Other (includes discharge to usual residence, own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services))
Length of stay	0 day/s

Event

The purpose of this electronic document is to assist in the transfer of care. This document is a summary of an episode of patient care. It is not a complete clinical record and may not reflect current patient status if changes occurred following completion of this summary.

*This Discharge Summary updates a previous Discharge Summary Document Id: 5431629048
Refer to each section for detailed information on the Patient encounter.*

Problems/Diagnoses This Visit

Diagnoses for Current Visit and Previous.

The purpose of this electronic document is to assist in the transfer of care. This document is a summary of an episode of patient care. It is not a complete clinical record and may not reflect current patient status if changes occurred following completion of this summary.

*This Discharge Summary updates a previous Discharge Summary Document Id: 6793236720
Refer to each section for detailed information on the Patient encounter.*

Problems/Diagnoses This Visit

Diagnoses for Current Visit and Previous.

Diagnosis	Type	Classification	Clinical Service
Acute pericarditis	Discharge	ED Medical	Non-Specified

Clinical Summary

Presenting Complaint

Pain, chest

Letter of Introduction

Dear Dr Md Aminur Rahman,

Thank you for reviewing Renee AMATO a 41 year old female to be discharged on 16/05/2023 from Emergency OP RNS at Royal North Shore Hospital.

Renee AMATO presented to this facility with 10 days of chest pain, which felt very similar to her previous flares of acute on chronic pericarditis, only this episode was more severe. She had dull central pain radiating to her left arm, neck and back, which as relieved slightly by sitting forwards. It was associated with a sinus tachycardia which sometimes causes palpitations. She has a history of pericarditis and her cardiologist is Dr Shaw (SAN).

On examination, she was systemically well with normal vital signs. She had some sternal tenderness to palpation.

Bloods were reassuring (attached) with normal CRP, troponin and TSH.

CXR was clear

Impression: Flare of pericarditis

PLAN:

1/ Discharge home

2/ For pain relief, please take:

- Paracetamol 1000mg (2 tablets) every 4 hours, as needed (maximum 4000mg/8 tablets per day)

- Ibuprofen/naproxen/colchicine as instructed by your cardiologist

3/ Have a cardiac MRI as soon as you are able

4/ Followup with Dr Shaw once the MRI scan has been completed

5/ Seek medical attention if you have any major concerns, such as severe chest pain which does not resolve with analgesia, particularly if associated with shortness of breath.

Thank you for your ongoing care.

Kind regards,

Dr Nicholas Stacey

Registrar, Royal North Shore Emergency Department

Royal North Shore Hospital Contacts

- Switchboard: 9926 7111
- Laboratory/Diagnostics: 9926 4111
- Diagnostic Imaging: 9926 4400
- Outpatients/Clinics: 9463 1400

Summary of Care

Visit information Summary of Care:

Summary of Care

Diagnostic Investigations

Diagnostic Investigation

All

07/09/2021 1:30 AEST

Sodium	139 mmol/L
Potassium	3.4 mmol/L L
Chloride	106 mmol/L
Bicarb.	25 mmol/L
Urea	4.6 mmol/L
Creatinine	59 umol/L
Anion Gap	11 mmol/L
Estimated GFR (CKDEPI)	>90 mL/min/1.73m2

(Modified)

Bilirubin (Total)	9 umol/L
Total Protein	72 g/L
Albumin	43 g/L
Globulin	29 g/L
Alkaline phosphatase	63 unit/L
Gamma glutamyltransferase	13 unit/L
Alanine aminotransferase	11 unit/L
Aspartate aminotransferase	

15

unit/L

Troponin I (Abbott HS)	< 3 ng/L
Ca	2.21 mmol/L
Ca Corrected	2.16 mmol/L
PO4	0.99 mmol/L
Mg	0.72 mmol/L
Beta-hCG Quantitative	<1.2

Diagnosis	Type	Classification	Clinical Service
Chest pain	Discharge	ED Medical	Non-Specified

Clinical Summary

Presenting Complaint

Respiratory - shortness of breath

Letter of Introduction

Dear Dr Hornsby Mall Medical Centre HORNSBY,

Thank you for reviewing Renee AMATO a 39 year old female to be discharged on 07/09/2021 from Emergency OP HKH at Hornsby Hospital. Renee AMATO presented to this facility with Respiratory - shortness of breath.

Summary of Care

Visit information Summary of Care:

Summary of Care

Renee was brought to ED because of chest pain. She had her 1st dose of pfizer covid vaccine 2 weeks ago and developed chest pain 4 days after. Pain responsive to paracetamol but has gotten worse yesterday. This morning, pain worse with and episode of syncope and head injury.

O/E Obs stable with no postural drop

noted small scalp swelling over oarieto-occipital region

normal cardiopulmonary with no friction rub or murmur

nomal neuro

ECG sinus rhythm, trop <3

CXR NAD

Serial ECG showed nil acute changes with serial trop <3

Pain much improved CTB NAD

Advised to continue regular analgesia

GP follow up for review

To return if with worsening or concerning sx

Diagnostic Investigations

Diagnostic Investigation

Other Results

* Final Report *

Mobile X-Ray Chest (Verified)

****ORIGINAL REPORT****

X-RAY CHEST

Clinical details:

Syncope. Scalp haematoma.

Findings:

AP Erect

The lungs are clear.

The cardiomediastinal contour is normal.

Original Report Reported by: Dr Neha Singh

Electronically signed at 3:55 am Tue, 7th Sep 2021

*** Final Report ***

CT Brain (Verified)

****ORIGINAL REPORT****

CT HEAD

History:

Syncope. Scalp haematoma.

Technique:

CT head without contrast

Findings:

There is no intracranial haemorrhage. No intra or extra-axial fluid collection.

Cortical and deep grey-white differentiation is preserved.

No hydrocephalus. Posterior fossa and fourth ventricle are normal.

There is a small right parietal scalp haematoma.

No calvarial fracture. Mastoid cells and middle ears are well ventilated.

IMPRESSION:

1. No intracranial haemorrhage.

Original Report Reported by: Dr Robert Cargile

Medications

Details of therapeutic goods which are/were prescribed for the patient or the patient has/had been taking

Current Medications On Discharge

None Supplied

Ceased Medications

None Supplied

Health Profile

Details of patient's health profile

Adverse Reactions

Substance Type	Substance	Reaction Class	
Drug	No Known Allergies	Allergy	A

Plan

Author

Dr. Marie Rose Mendoza (JMO); Medical Officer

Record of Recommendations and Information Provided

None Supplied

Administrative Observations

Age	Specialty
39 years	Not stated

Encounter Details	Value	Facility Details	Value
Admission Date	7 Sep 2021 01:09+1000	Name	Hor
Discharge Date	7 Sep 2021 07:11+1000	Work Place	36-
Discharge To	Other (includes discharge to usual residence, own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services))	Phone	NS'
		FAX	(02
		Department	Hor

Specialties

Responsible Health Professional	Value	Author Details	Value
Name	Lynne ASPINALL	Name	Marie
Work Place	36-76 Palmerston Rd, Hornsby, NSW, 2077, Australia		Profe
Contact Details	Not Provided		
Organisation	Hornsby Hospital		
Patient Details	Value		
Name	MRS Renee Margaret AMATO		
Sex	Female		
Date of Birth	2 Jan 1982 (39 years)		

IHI
Local Identifiers

8003 6010 7374 1675
0174364 (Hornsby MRN)

Organisation
Department
Work Place

Horn
Horn
36-7
NSW
(02)
(02)

Phone

FAX

Clinical Value

Document

Details

Document Discharge Summary

Type

Creation 7 Sep 2021 07:58+1000

Date

Date 7 Sep 2021 07:58+1000

Attested

Document 2373cefc-d551-4edf-856d-72
ID

Document 1.2.36.1.2001.1005.16.50.2.

Set ID

Document 2

Version

CompletionFinal

Code

Primary Recipients

Name

Contact

Address

Hornsby Mall Medical Centre
HORNSBY

Phone:

Work Place:

0284112373 (Workplace)

Suite 1-2, 32 Florence St,
HORNSBY, NSW, 2077,
Australia

MRS Renee AMATO

DoB

Royal North Shore Hospital

Author Nicholas STACEY (Health Professionals nfd)

Phone (02) 9926 7111

Discharge To Other (includes discharge to usual residence, own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services))

Length of stay 0 day/s

Event

International_Unit(s)/L

C-Reactive Protein	1.8 mg/L
Full Blood Count Status	FINAL
White Cell Count	9.4 x10 ⁹ /L
Haemoglobin	128 g/L
Platelet Count	227 x10 ⁹ /L
Red Cell Count	3.95 x10 ¹² /L
Hct	0.369 L/L
MCV	93 fl
Mean Cell Hb	32 pg H
Mean Cell Hb Conc.	346 g/L
RDW	13.0 %
MPV	8.7 fl
Differential Status	AUTOMATED
Neutrophils	6.7 x10 ⁹ /L
Lymphocytes	1.9 x10 ⁹ /L
Monocytes	0.6 x10 ⁹ /L
Eosinophils	0.2 x10 ⁹ /L
Basophils	0.0 x10 ⁹ /L
Beta-hCG Reference Interval	

B-HCG Reference Ranges

Medications

Medications

Pharmacy will dispense up to 7 days' supply of medication on discharge (where required). Additional supply may be provided to meet the clinical needs of the patient and at public holidays to allow continued medication access.

Medications dispensed are intended to be taken from the time of discharge or as otherwise labelled.

Medication being taken on discharge

Discharge Medications are not displayed. Please complete the discharge medication reconciliation.

Vaccines administered during this visit

Nil

Health Profile

Details of patient's health profile

Adverse Reactions

Substance Type	Substance	Reaction	Severity	Reaction Class
Food	Seeds	Dust allergy Dust allergy	Mild	Allergy

Plan

Author

Dr. Nicholas Stacey (JMO); Medical Officer

Record of Recommendations and Information Provided

None Supplied

Administrative Observations

Age

41 years

Specialty

Not stated

October 2021:

An ECG performed today revealed sinus rhythm with no ischaemic changes. She had no evidence of pericarditis on the ECG.

A stress echo was performed- she has a poor exercise capacity and exercised for 4 minutes and 29 seconds of the Bruce protocol. She reached 87% of her maximum predicted heart rate. There was no evidence of exercise induced myocardial ischaemia.

Echocardiogram: 10/11/2021:

CONCLUSION -

Sinus rhythm, 78bpm at time of study Normal biventricular size and systolic function. LVEF 62%. Normal atrial size. Normal aortic root and ascending aorta. No significant valvular disease