

Mr. Cecchinato: 62 y/o Caucasian

Chief complaint: difficulty sleeping and fatigue

Mr. Cecchinato comes in to see you about his difficulty sleeping. Over the past 2 months he has been getting only 3-4 hours of sleep per night. He has not been eating well either, causing his blood sugars to drop. Because of this he stopped taking his DM medications 4 weeks ago. He further reports that for the last two months he feels tired and uninterested in doing his normal activities during the day. His wife, who is accompanying him, tells you that she has not noticed apneic episodes or severe snoring. She expresses concern about her husband's mood changes, as he has become less and less sociable. His ROS is unremarkable except for significant weight loss, around 10 pounds in the past month, 2-pillow orthopnea and dyspnea when walking up two flights of stairs.

Past medical history:

- Hypertension and diabetes for the past 15 years; CKD for the past 2 years
- STEMI 3 years ago, s/p PCI with drug-eluting stent of his R coronary artery (culprit lesion)

Current medications:

- Aspirin 81 mg OD
- Atorvastatin 80mg OD
- Lisinopril 5mg OD
- Metformin 500mg TID (stopped taking 4 weeks ago)
- Glipizide 5mg BID (stopped taking 4 weeks ago)

Family history:

- Father died of liver cirrhosis at age 78, mother had diabetes, died of breast cancer at age 74
- No family history of early cardiac death

Personal/Social history:

- 5-pack-year smoking history, quit more than 20 years ago; does not drink alcohol, illicit drugs
- Manages family farm with his wife with whom he has four children, who are all grown and out of the house.

On physical examination the patient does not appear in distress; BP 140/90, HR 85/min, RR 18/min, O2 saturation is 96% and BMI 24.6 kg/m². His JVP is 6 cm while sitting upright, apex beat is displaced to the 6th ICS LMCL, trace edema and full pulses noted in his lower extremities; rest of PE is unremarkable.