FPI (First Patient In)

Available history: 2003-2026 | Updated July 27, 2026 | Patient + provider review

HEALTH COMPASS
REVIEW
CONFIDENCE: HIGH

LONGITUDINAL HEADLINE

Established multivessel coronary disease with four reported coronary stents: three implanted in 2018 and a fourth placed within the prior mid-RCA stent for restenosis in November 2025.

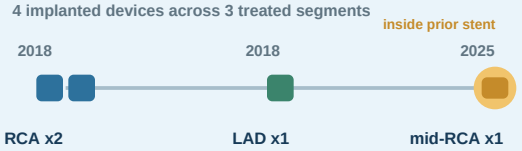
HIGHEST-VALUE CARDIAC STORY

2018 inferior STEMI

Cath documented RCA 80% proximal and 99% distal disease. Two drug-eluting stents were placed in the RCA without a documented procedural complication.

CORONARY STENT HISTORY

4 implanted devices across 3 treated segments



10/15/2018 — Authenticated staged mid-LAD PCI

BayCare cath report confirms one drug-eluting stent to the mid-LAD; 80-89% pre-stenosis was reduced to 0% with TIMI-3 flow.

10/13/2018 — Preserved systolic function

Echo EF 55-60%; mild concentric LV hypertrophy, normal RV function, mild TR and pulmonic regurgitation.

11/2025 — Fourth stent - mid-RCA restenosis

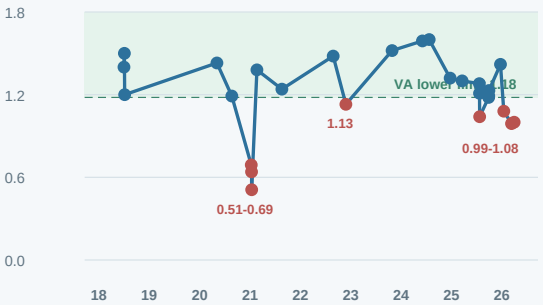
Patient reports a new stent within a prior mid-RCA stent for in-stent restenosis. Attach the report for device-level confirmation.

07/12/2026 — Acute coronary syndrome ruled out

Prior-project records report normal ECG and serial non-detectable high-sensitivity troponins during the Tampa VA emergency evaluation.

LONGITUDINAL PATTERN - LYMPHOCYTES

ABSOLUTE LYMPHOCYTE COUNT (x10^9/L) 27 dated results



2018: percentages were low (13.4%-16.5%), but absolute counts were normal (1.2-1.5).

VA results show a COVID-associated low cluster in April 2021, an isolated low in March 2023, and three consecutive mild lows from April-July 2026.

MONITOR - RECURRING, NOT CONTINUOUS

The expanded record confirms intermittent absolute lymphopenia, with a new sustained run of mild lows in 2026 after a normal April 4 result.

Review with the care team and continue CBC trending; interpretation should consider illness, medicines, nutrition, and other blood-count findings.

WHAT NEEDS REVIEW NOW

1. **Complete the 2025 PCI source record**
   The 2018 RCA and staged mid-LAD PCI reports are now attached. Obtain the November 2025 mid-RCA restenosis PCI report to complete the four-device log.
2. **Residual OM1 disease**
   The heavily calcified OM1 remains untreated because intervention was considered higher risk than benefit. Preserve this as active coronary context for follow-up.
3. **Current medications**
   Historical medication lists must not be treated as current. Confirm antiplatelet regimen, stop dates, cardiac medicines, oxygen, and PAP use.
4. **Allergies**
   Codeine, erythromycin/azithromycin, and metronidazole entries conflict with later records stating no known allergies.

RECORDS REVIEWED 4,837 OTAL SOURCE ITEMS

James A. Haley Veterans' Hospital / Tampa VA	3,775 pages
BayCare / St. Joseph's Hospital-North	110 pages
AdventHealth / Florida Hospital Carrollwood	54 pages
Baptist Health / South Miami Hospital	47 pages

DEVICE RECORDS

Fit Profile	119 unique reports
Kardia ECG	289 unique reports
Blood glucose meter	443 unique readings

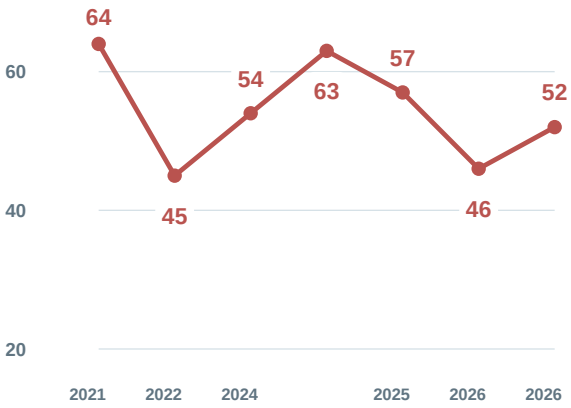
Multi-system trends

Evidence-backed patterns beyond coronary disease

HEADLINE

The strongest additional pattern is persistent mild liver-enzyme elevation with longstanding hepatic steatosis. Glycemic control improved to A1c 5.5% in June 2026.

ALT TREND (U/L) - SELECTED DATED ANCHORS



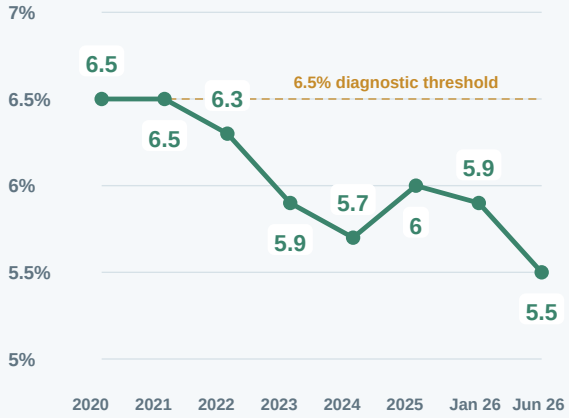
IMAGING ANCHORS

2014-2016	Fatty liver reported on serial imaging.
2023 MRI	Hepatomegaly with hepatic steatosis.
2026	AST mildly high at 38-40 in June-July.

INTERPRETATION - MONITOR

Persistent mild hepatocellular-pattern elevation is supported. Bilirubin, alkaline phosphatase, and albumin were generally normal.

A1C LONGITUDINAL DIRECTION



POSITIVE METABOLIC STORY

VA records carry type 2 diabetes and metformin use. The most recent A1c of 5.5% is excellent control and materially better than the 6.5% readings in 2020-2021.

CONTINUE TRENDING

Preserve the diagnosis and treatment context; do not interpret the improved A1c as proof that diabetes history has disappeared.

OTHER MEANINGFUL LONGITUDINAL FINDINGS

- **LDL control**
  LDL 42 mg/dL in June 2026 - highly favorable for established CAD. HDL remained low/borderline (35 in March; 41 in June 2026).
- **Preserved EF**
  Historical echocardiograms showed EF about 55-60%. This is reassuring for pump function but does not erase recurrent coronary risk.
- **Lymphocytes**
  27 dated values show intermittent, not continuous, low absolute counts; three consecutive mild lows occurred April-July 2026.
- **Residual OM1**
  Heavily calcified OM1 remains untreated because procedural risk was judged greater than benefit; retain as active coronary context.

CURRENT PREVENTIVE SCREENING

FIT stool occult blood: NEGATIVE

Collected Jul 21, 2026 | Final Jul 27, 2026

No occult blood was detected in this specimen. This is reassuring screening evidence, but one negative FIT does not evaluate symptoms or replace future screening recommended by the care team.

Clinical context & review priorities

Pulmonary, sleep/oxygen, renal/adrenal, medication, allergy, and provenance

PROVIDER TAKEAWAY

Several noncoronary findings deserve reconciliation and follow-up, but the available record does not establish an acute multi-system emergency.

PULMONARY / SLEEP / OXYGEN

Emphysema on imaging

Bullous emphysema was mentioned in 2015; 2023 imaging described moderate bibasilar emphysema.

OSA therapy

Records repeatedly document AutoPAP/CPAP and oxygen at 2 L/min through PAP, with periods of mask or equipment noncompliance.

Oxygen context

At least one home assessment documented no oxygen requirement at rest and room-air saturation of 96%.

Why it matters

Sleep-disordered breathing and pulmonary disease may affect fatigue, rhythm symptoms, blood pressure, and cardiovascular risk.

REVIEW QUESTION

Is current PAP/oxygen use effective and adherent, and are pulmonary-function testing and oxygen indications documented?

RENAL / ADRENAL / MEDICATION

2023 renal finding

MRI described a probable hemorrhagic left renal cyst plus simple renal cysts and recommended ultrasound follow-up in six months.

Adrenal finding

Small left adrenal nodule was consistent with an adenoma; later notes report a negative hormonal evaluation.

Medication reconciliation

Confirm the current antiplatelet regimen and stop date, cardiac medicines, metformin, oxygen, and PAP use.

Allergy reconciliation

Codeine, erythromycin/azithromycin, and metronidazole entries conflict with later records stating no known allergies.

DOCUMENTATION GAP

Verify whether the recommended renal ultrasound occurred and whether the renal lesion remained stable.

PRIORITY CLINICIAN REVIEW

1. **Attach 2025 PCI report**
   The authenticated 2018 staged mid-LAD report is now present. Obtain the November 2025 mid-RCA restenosis PCI report.
2. **Trend liver findings**
   Review steatosis, ALT/AST trajectory, medicines, alcohol/metabolic context, fibrosis-risk assessment, and prior hepatology work-up.
3. **Confirm renal follow-up**
   Locate or order the recommended follow-up imaging if it was never completed.
4. **Reconcile PAP/oxygen**
   Confirm current equipment, adherence, pulmonary testing, and prescribed indications.
5. **Resolve medicines/allergies**
   Create one current medication and allergy list from verified sources.

REVIEWED CLINICAL FACILITIES

Tampa VA / James A. Haley	3,775 pages
BayCare / St. Joseph's	110 pages
AdventHealth / Carrollwood	54 pages
Baptist Health / South Miami	47 pages

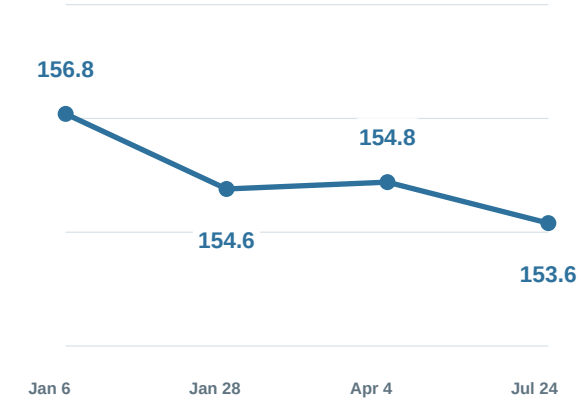
All-time Fit Profile trends

119 unique Fit/Profile body-composition files reviewed - Jan 6 to Jul 24, 2026

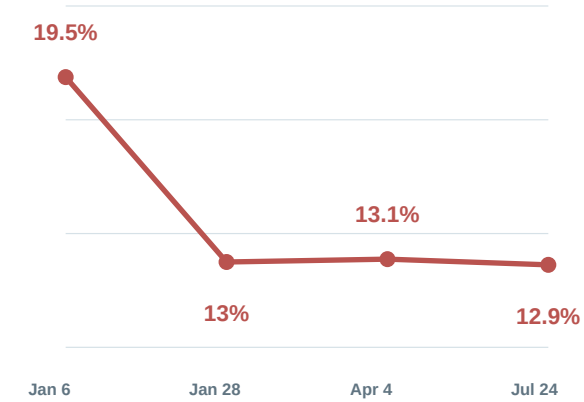
FIT PROFILE TAKEAWAY

Selected matched anchors show lower weight and body fat with substantially higher skeletal muscle than the first January scan; recent results remained lean and high-scoring.

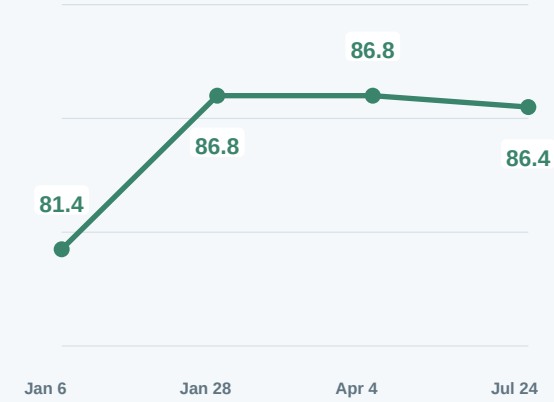
WEIGHT (LB)



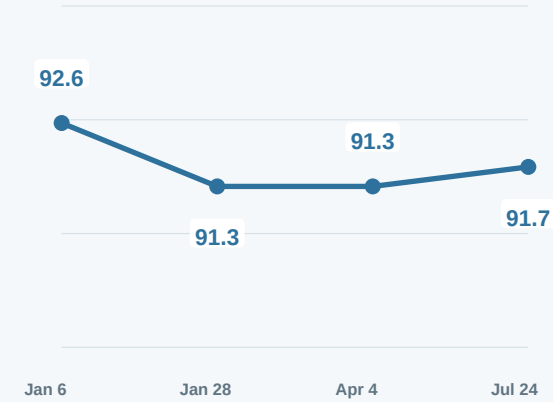
BODY FAT (%)



SKELETAL MUSCLE (LB)



FITNESS SCORE / 100



MATCHED-ANCHOR EVIDENCE

Jan 6	156.8 lb	19.5% fat	
	81.4 lb muscle		Score 92.6
Jan 28	154.6 lb	13.0% fat	
	86.8 lb muscle		Score 91.3
Apr 4	154.8 lb	13.1% fat	
	86.8 lb muscle		Score 91.3
Jul 24	153.6 lb	12.9% fat	
	86.4 lb muscle		Score 91.7

INTERPRETATION

The largest shift occurred during January. From Jan 28 through Jul 24, weight, body fat, skeletal muscle, and fitness score were comparatively stable.

COVERAGE / METHOD

119 unique body-composition PDFs remained after exact-file de-duplication. Charts use four readable matched anchors; they do not imply that unplotted scans were ignored.

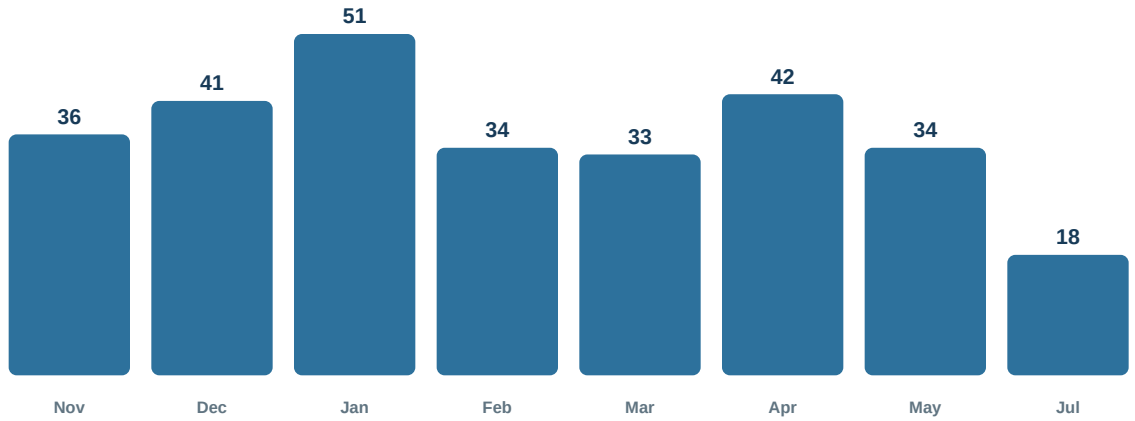
All-time Kardia / ECG coverage

289 unique ECG-labeled PDFs reviewed - Nov 2025 to Jul 2026

RHYTHM EVIDENCE TAKEAWAY

The archive documents dense home rhythm surveillance before and after the 2025 restenosis PCI. Spot checks shown below were device-classified Normal Sinus Rhythm; Kardia cannot rule out a heart attack.

UNIQUE ECG-LABELED PDF COVERAGE BY MONTH



VERIFIED SPOT-CHECK ANCHORS

Nov 18, 2025	79 BPM	Normal Sinus Rhythm	30 sec
Jul 12, 2026	76 BPM	Normal Sinus Rhythm	1 min
Jul 24, 2026	81 BPM	Normal Sinus Rhythm	1 min

COUNTING NOTE

Counts represent distinct recordings after exact-file and recording date/time de-duplication. Same-day recordings remain when their recording times differ. Unrelated Fit Profiles, laboratory reports, Blue Button files, and nonclinical PDFs were excluded.

HOW TO USE THIS EVIDENCE

What it supports

Frequent home ECG acquisition, timing context, heart-rate snapshots, and device rhythm classifications.

What it does not support

A Kardia 'Normal Sinus Rhythm' label does not exclude acute coronary syndrome, ischemia, intermittent arrhythmia outside the recording, or other causes of symptoms.

July 12 context

A home tracing classified as sinus rhythm did not replace evaluation. Given atypical symptoms and prior CAD, the measured next step was urgent ACS rule-out; serial troponins and the hospital 12-lead ECG did not identify ACS.

Provider use

Review original waveforms when symptoms, palpitations, rate changes, or an abnormal/unclassified device result are clinically important.

EVIDENCE CONFIDENCE

High for archive coverage and the three displayed anchors. All 27 distinct recordings in the supplied May archive were device-classified Normal Sinus Rhythm; waveforms were not clinically adjudicated.

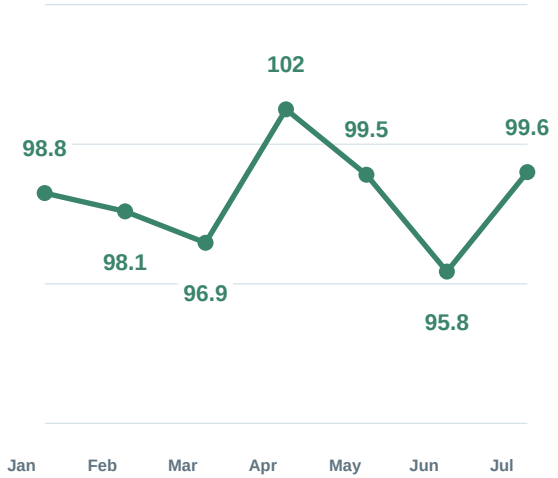
All-time blood glucose record

443 unique meter readings reviewed - Dec 31, 2016 to Jul 27, 2026

GLUCOSE TAKEAWAY

Recent pre-breakfast glucose is substantially steadier and lower than the mixed-timing 2025 record. The 2026 pre-breakfast monthly averages remained tightly grouped at 96-102 mg/dL.

2026 PRE-BREAKFAST MONTHLY MEAN (MG/DL)



MATCHED RECENT SERIES

165 pre-breakfast readings in 2026 averaged 98.4 mg/dL (range 76-131). July includes readings through July 27.

INTERPRETATION

The recent fasting-context pattern is stable. A meter log complements, but does not replace, laboratory glucose and A1c.

COMPARABLE CONTEXT SUMMARIES

Series	N	Mean	Range
2025 pre-breakfast	50	113.9	79-163
2025 post-breakfast	35	139.2	87-240
2026 pre-breakfast	165	98.4	76-131
2026 post-breakfast	40	120.6	89-167
2026 post-lunch	16	120.9	80-159
2026 post-dinner	19	106.1	68-140

LONGITUDINAL CONTEXT

The archive is not continuous: 54 readings are from 2016-2017, 125 from 2025, and 263 from 2026. Meal timing differs across years, so raw annual averages are not directly comparable.

A1C ANCHOR

The meter pattern agrees with the laboratory improvement shown on page 2: A1c reached 5.5% in June 2026.

COVERAGE AND REVIEW

Unique observations

443 distinct date/time/value/context rows were found. No exact duplicate readings were identified within the supplied report.

Observed range

All-time meter range was 67-240 mg/dL. Two readings were below 70; ten were 180 or higher, nine of them in 2025.

Recent range

All 263 readings logged in 2026 were 68-180 mg/dL; 262 were between 70 and 180, inclusive.

Context limitation

Meal labels and timing are user/device-recorded. Values should be interpreted with symptoms, meals, medicines, meter technique, and laboratory testing.

CLINICIAN REVIEW

Review any low or high outlier with the original timestamp and context; avoid diagnosing from a single home-meter value.