

English Translation - Cardiology / ECG Documents

Companion translation prepared from the uploaded Italian PDFs. This version is intentionally simpler and smaller than the previous file. It keeps the medical content in English for review and second-opinion use.

Important note

This is a translation of the source documents, not a new medical interpretation. Handwritten text in one ECG note was partially difficult to read; uncertain parts are marked accordingly.

1) San Raffaele Emergency Department + ECG + Labs (04-05 May 2024)

Facility	IRCCS San Raffaele - Emergency Department
Acceptance	04/05/2024 20:22
Discharge	05/05/2024 04:14
Triage code	Green
Main reason	Chest discomfort / other symptoms

History: Intermittent retrosternal pain for about 10 days, lasting a few hours at a time, associated with meals. Previous ER assessment on 23/04 reportedly showed negative troponin.

Exam: Alert, cooperative, oriented, afebrile, breathing comfortably at rest. Heart sounds rhythmic and valid. Chest examination without obvious pathological sounds. Abdomen soft. No leg edema or signs of DVT.

Vital signs: Oxygen saturation 98%; heart rate 68 bpm; blood pressure 110/95 mmHg; temperature 36.3 C.

ECG: Sinus rhythm at 60 bpm, no signs of ischemia, normal AV-IV conduction.

Focused ultrasound / cardioscopy: Preserved biventricular systolic function, no significant valvular disease, ascending aorta within normal limits, no pericardial effusion. Gallbladder without stones.

Past history noted in report: No major relevant disease reported. Non-smoker. Negative family history for coronary artery disease. No chronic therapy.

Laboratory results

Test	Result	Reference range	Note
White blood cells	7.9 x10 ⁹ /L	4.8 - 10.8	
Red blood cells	5.23 x10 ¹² /L	4.70 - 6.10	
Hemoglobin	16.4 g/dL	14.0 - 18.0	
Hematocrit	47.7 %	42.0 - 52.0	
Platelets	292 x10 ⁹ /L	130 - 400	
Glucose	107 mg/dL	60 - 100	Slightly above range
Creatinine	1.19 mg/dL	0.50 - 1.25	
Sodium	141.9 mmol/L	135.0 - 148.0	
Potassium	4.17 mmol/L	3.50 - 5.00	
AST	17 U/L	5 - 35	
ALT	17 U/L	6 - 59	
C-reactive protein	0.3 mg/L	< 6.0	

Test	Result	Reference range	Note
Troponin T	3.3 ng/L	< 14.0	

Discharge diagnosis: Chest pain without acute cardiologic findings. Suspected gastroesophageal reflux disease.

Recommended treatment: Pantorc 20 mg half an hour before breakfast and half an hour before dinner for 10 days; Riopan half an hour after main meals for 10 days; Tachipirina 1000 mg if pain occurs (repeat every 8 hours if needed). Light diet: no alcohol, no smoking, no caffeine/theine, no chocolate, no fried foods.

Follow-up note: Short-term re-evaluation by the primary care doctor for continuation of further investigations.

2) Franchini & Franchini ECG Exam (09 April 2024)

Date: 09/04/2024

Patient position: Supine. **Blood pressure:** 120/75 mmHg.

Rhythm: Sinusal / sinus rhythm. **Rate:** 85/min.

Machine ECG parameters: HR 85 bpm; PR 152 ms; QRS duration 113 ms; QT 364 ms; QTcB 432 ms; QTcF 409 ms; P axis 58 degrees; QRS axis 30 degrees; T axis 26 degrees.

Printed ECG interpretation: Sinus rhythm. Borderline intraventricular conduction delay. ST elevation probably due to normal morphology / early repolarization.

Handwritten conclusion (best-effort reading): Trace within normal limits. No obvious clinical and auscultatory cardiopathy. Objective cardio-pulmonary findings normal.

3) Anthea Hospital / GVM - Cardiology Visit + ECG + Echocardiogram (12 April 2024)

Reason for visit: Follow-up in a patient with episodes of chest pain of unclear origin.

History noted: The patient denies previous relevant cardiologic history. Cardiovascular risk factors denied. Denies angina, dyspnea, presyncope and syncope.

Cardiac exam: Rhythmic heart sounds, valid, no abnormal pauses.

ECG: Sinus rhythm at 56 bpm.

Blood pressure: 120/75 mmHg.

Echocardiogram summary

Section	English translation
Mitral valve	Leaflets normal, not stenotic, no evident significant regurgitation.
Aortic valve / aorta	Tricuspid aortic valve with normal cusps and preserved systolic opening; no evident significant regurgitation.
Left atrium	Normal size.
Left ventricle	Normal dimensions and wall thickness; normal contractility.
Right heart	Right ventricle and right atrium normal in size; inferior vena cava normal caliber with respiratory collapsibility.
Pericardium	No effusion.
Doppler	Left ventricular diastolic function preserved; no evident significant valvular disease.
Estimated ejection fraction	60%
Pulmonary artery pressure	Within normal limits.

Conclusion: Hemodynamic compensation in a patient with ECG and echocardiogram within normal limits.

Advice: Gastroenterology evaluation and exercise stress test.

4) Galeazzi - Sant'Ambrogio Cardiology Visit + ECG + Echocardiogram (06-09 May 2024)

Reason for visit: Symptoms potentially of cardiologic origin.

Anamnesic summary: No known drug allergies; no ongoing therapy. No family history of cardiovascular disease. Never smoker. Previously athletic until about one month earlier. No alcohol for about 2 years; previously occasional drinker. Denies substance use; used protein/vitamin supplements and creatine for a few months. No major prior diseases of note.

Additional history in the report: In February 2024 there was a mild transient TSH abnormality and mild creatinine elevation (1.2-1.3) in the setting of well-developed muscle mass. For about one month, the patient reported chest tightness radiating toward the left pectoral area and migrating, with restlessness followed by shortness of breath / difficulty taking deep breaths. Episodes may last the whole day and are not linked to exertion.

Prior work-up listed: Gastroenterology evaluation (possible EGDS if symptoms persist), allergy testing negative, abdominal ultrasound within normal limits, prior cardiology visit with echo within limits, April Holter with sinus rhythm and no arrhythmias, multiple ER visits without evidence of acute cardiologic disease.

Current exam: Good hemodynamic compensation; BP 100/60. Rhythmic valid heart sounds, no murmurs. Chest normally ventilated. No carotid bruits and no peripheral edema.

ECG: Sinus rhythm, normal AV and IV conduction, no repolarization abnormalities; high ST takeoff considered consistent with early repolarization.

Selected echocardiography parameters

Parameter	Value
Aortic root	37 mm
Ascending aorta	33 mm
Aortic arch	26 mm
LV end-diastolic diameter	59 mm
IVS thickness	7 mm
Posterior wall thickness	7 mm
LV mass index	81.8 g/m ²
End-diastolic volume	147.0 mL
End-systolic volume	68.9 mL
Ejection fraction (biplane)	53.1 %
TAPSE	20 mm
RV FAC	41.4 %
Mitral E/A	1.53
E/e' mean	4.98
TR Vmax	2.26 m/s
Estimated systolic pulmonary pressure	25.43 mmHg

Echo conclusion: Aortic root, ascending aorta and mid aortic arch of normal size; no Doppler signs of coarctation. Left ventricle with normal dimensions, wall thickness and segmental kinetics, with preserved ejection fraction. Normal LV relaxation and filling pressures. Right ventricle normal in size with normal longitudinal systolic function and free wall motion. Atria normal in size. Interatrial septum apparently intact. Tricuspid aortic valve with normal cusp motion. Mitral, tricuspid and pulmonary valves with only trivial regurgitation. Inferior vena cava normal in size and respiratory dynamics. No pericardial effusion.

Overall cardiology conclusion: Recent polymorphic symptoms whose characteristics are not attributable to cardiovascular disease; instrumental tests so far are within limits (ECG, echocardiogram, Holter ECG).

Recommended next step: Exercise test on cycle ergometer, also to assess exercise tolerance. For the rest, evaluation of non-cardiac causes was considered useful, both organic and psychological.

Suggested therapy / follow-up: Continue the treatment prescribed at discharge from San Raffaele (PPI + alprazolam) and follow up with the general practitioner for further investigations.

End of translated companion document.

Dr. Nicola Danese

Specialist in Radiology

Start Date: 25/05/2024 - End Date: 25/05/2024

Patient Data

Last name First name: Joseph Buonconsiglio

Tax Identification Number: BNCGPP93C19F104D

Consultation Details

Specialist Annotations: *No annotations available.*

Specialist Conclusions: A revisit of the angio-CT images performed was performed on 10/05 u.s. at a foreign Health Facility (Luxembourg) during a sudden illness. Reconstructions of the thoracic aorta (from the aortic valve plane to the descending tract) were acquired aimed at measuring its diameters, attempting to include, in the measurement itself, the thickness of the opposite walls of the vessel. Although with the limitations of a CT investigation not conducted with cardio modality, it is possible to detect an initial ectasia of the bulb (D.MAX a little more than 40 mm) and the suprajunctional tract of the ascending aorta (D.MAX 38 mm ca) against 25-27 mm of the arch and descending tract. These elements lead me to suggest a new echocardiographic investigation but, this time, showing preliminarily, to the executing Cardiologist, the images of the measurements attached here (see in the section dedicated to the files downloaded by me and made available to the Patient). In case the Patient himself has not recently undergone a stress test, its repetition is recommended and, in case of ECG positivity to S-T tract alterations, a Coronary-CT could be performed for a noninvasive study of the myocardial vasculature (possibly associated with a contextual functional analysis always with the same CT acquisition). It is suggested to undergo these investigations in an accredited hospital Cardiology setting. In the meantime, thyroid activity and its morphostructure should be evaluated by an endocrinologist given the recent finding of a gradual increase in TSH, an expression of possible hypothyroidism. Creatinine should also be monitored, which is always slightly above normal values; nephrologic consultation would be desirable.

Digitally Signed by OTP Method Dr.
Danese Nicola
Taranto order registration no.1709

English Translation of Holter ECG Reports

Patient: Giuseppe Buonconsiglio

This PDF is a translated companion document intended to support second-opinion review. It preserves the reported values and conclusions from the original Italian PDFs. ECG tracing pages and graphs are included as reproduced images with English captions where helpful.

Included reports

- 1) 24-hour Holter report - Bari, study date 09/04/2024
- 2) 24-hour Holter ECG summary - Milan, study date 07/05/2024

Important note

This is a translation and formatting aid, not a new medical interpretation. For clinical decisions, the original reports and the reviewing physician's assessment remain authoritative.

Report 1 - Bari Holter Report (English translation)

Source document: 09/04/2024_HOLTER BARI.pdf

Patient and study details

Field	Value
Name	Giuseppe Buonconsiglio
Sex	Male
Date of birth / Age	19/03/1993 / 31 years
Study date	09/04/2024
Height / Weight	173 cm / 75 kg
Diagnostic question	Patient sent from the emergency department following symptoms of oppressive retrosternal chest
Therapy	None
Known conditions	None

Translated conclusion

Sinus rhythm with heart rate ranging from 47 to 141 bpm (average heart rate 74 bpm). No supraventricular or ventricular hyperkinetic arrhythmias. No impulse conduction disturbances and no transient ischemic ST-T changes.

Summary table (translated)

Metric	Reported value
Recording duration	23:37:35
Total beats	102,994
Normal beats	102,994 (100%)
Supraventricular beats	0 (0%)
Ventricular beats	0 (0%)
Artifact	00:18:12 (1.28%)
Minimum heart rate	47 bpm @ 10/04/2024 03:17:11
Average heart rate	74 bpm
Maximum heart rate	141 bpm @ 09/04/2024 11:13:32
Pauses (>2.0 sec)	0
Maximum RR / Minimum RR	1528 ms / 328 ms
Bradycardia events <=50 bpm	16 events; total 00:00:20
Atrial fibrillation	00:00:00 (0.00%); occurrences: 0

QT summary

QT metric	Minimum	Maximum
QT	308 ms @ 10/04/2024 07:20:40	432 ms @ 10/04/2024 03:58:40

QT metric	Minimum	Maximum
QTcB	360 ms @ 09/04/2024 22:48:20	589 ms @ 09/04/2024 15:42:00
QTcF	355 ms @ 10/04/2024 08:04:00	530 ms @ 09/04/2024 15:42:00
QTcH	354 ms @ 10/04/2024 08:04:00	521 ms @ 09/04/2024 15:42:00

Heart rate variability

HRV parameter	Value
Mean RR	814 ms
SDANN	156 ms
SDNN index	62 ms
TINN	425
rMSSD	53 ms
SDNN	176
pNN50	24%
Triangular index	54

Report 1 - Hourly rhythm / heart rate table

No ventricular ectopy or supraventricular ectopy was reported in these hourly rows.

Time	Beats	Min	Avg	Max	Max RR (ms)
Overall	102994	47	74	141	1528
Awake	73050	47	76	141	1484
Sleep 23:00-07:00	29944	47	63	120	1528
10:39	5711	78	99	141	1180
11:39	5387	74	93	131	1044
12:39	5059	70	85	117	1076
13:39	4726	54	81	135	1356
14:39	3512	50	58	69	1424
15:39	4635	58	81	126	1312
16:39	4946	66	87	125	1360
17:39	5122	67	89	130	1100
18:39	4688	61	85	128	1252
19:39	4049	55	67	102	1308
20:39	3658	52	61	113	1364
21:39	3711	48	62	108	1392
22:39	3640	47	61	109	1484
23:39	4100	56	70	114	1264
00:39	3847	50	64	112	1360
01:39	3678	51	61	116	1360
02:39	3476	47	58	111	1472
03:39	3570	48	60	112	1528
04:39	3434	50	57	103	1428
05:39	3959	53	67	114	1348
06:39	5139	58	94	130	1356
07:39	5177	69	89	135	1160
08:39	4694	66	79	104	1080
09:39	3076	68	84	128	1044

Hourly QT analysis (translated from page 6)

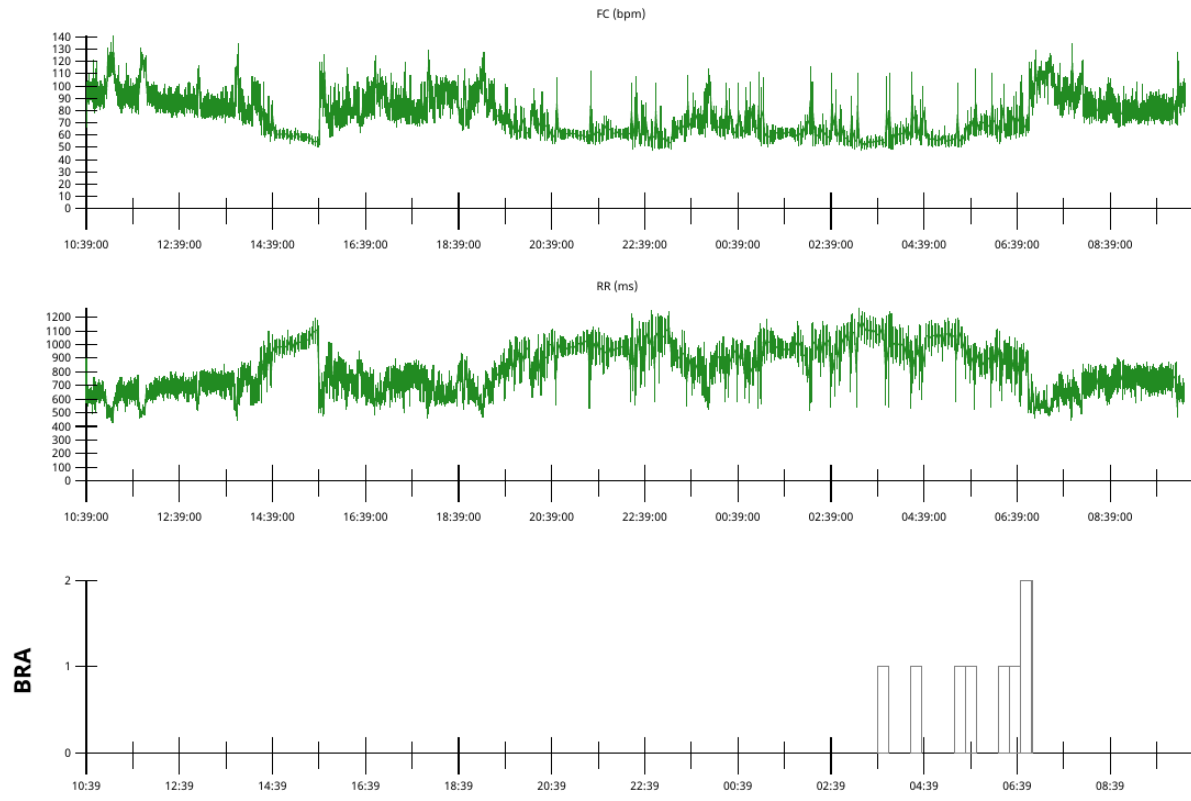
Time	QT min	QT max	QTcB min	QTcB max	QTcF min	QTcF max	QTcH min	QTcH max
10:39	312	368	390	531	370	470	370	482
11:39	320	372	398	502	370	444	376	462
12:39	340	396	402	490	380	443	380	449
13:39	352	412	394	559	387	490	384	502
14:39	388	424	382	425	392	419	393	417
15:39	344	428	393	589	387	530	384	521
16:39	340	384	395	515	378	458	378	468
17:39	336	384	376	531	365	470	363	482

Time	QT min	QT max	QTcB min	QTcB max	QTcF min	QTcF max	QTcH min	QTcH max
18:39	328	392	383	494	370	457	368	452
19:39	356	404	364	482	366	442	364	442
20:39	368	420	372	528	380	485	380	478
21:39	376	416	361	524	374	477	379	473
22:39	364	424	360	494	370	450	374	451
23:39	368	408	380	523	381	472	380	473
00:39	364	412	367	525	375	478	374	475
01:39	376	408	366	556	371	496	371	498
02:39	368	424	363	558	376	506	377	498
03:39	388	432	363	558	375	506	381	498
04:39	376	412	368	494	371	462	371	455
05:39	368	400	373	521	375	469	375	471
06:39	308	400	377	549	373	492	372	492
07:39	320	368	365	515	355	453	354	471
08:39	344	392	385	493	371	457	370	452
09:39	344	380	377	515	367	460	366	471

Report 1 - Reproduced original page

Original trend charts from the Bari report (heart rate, RR intervals, bradycardia markers).

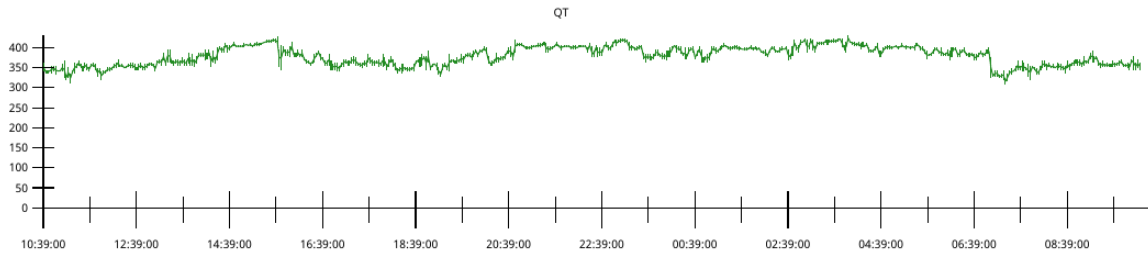
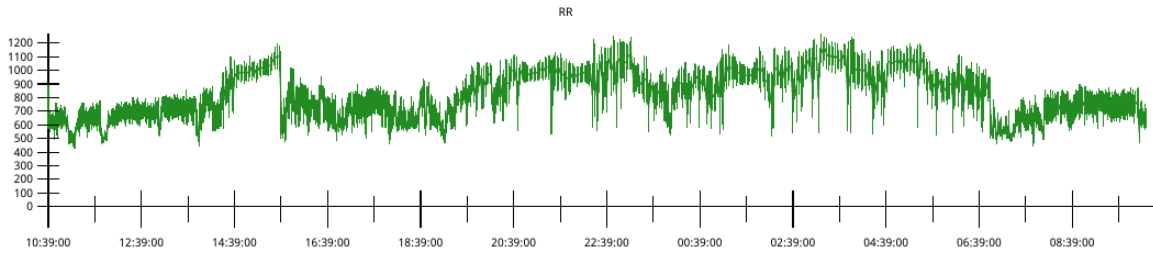
Trends



Report 1 - Reproduced original page

Original QT trend charts from the Bari report.

Sezione trend QT



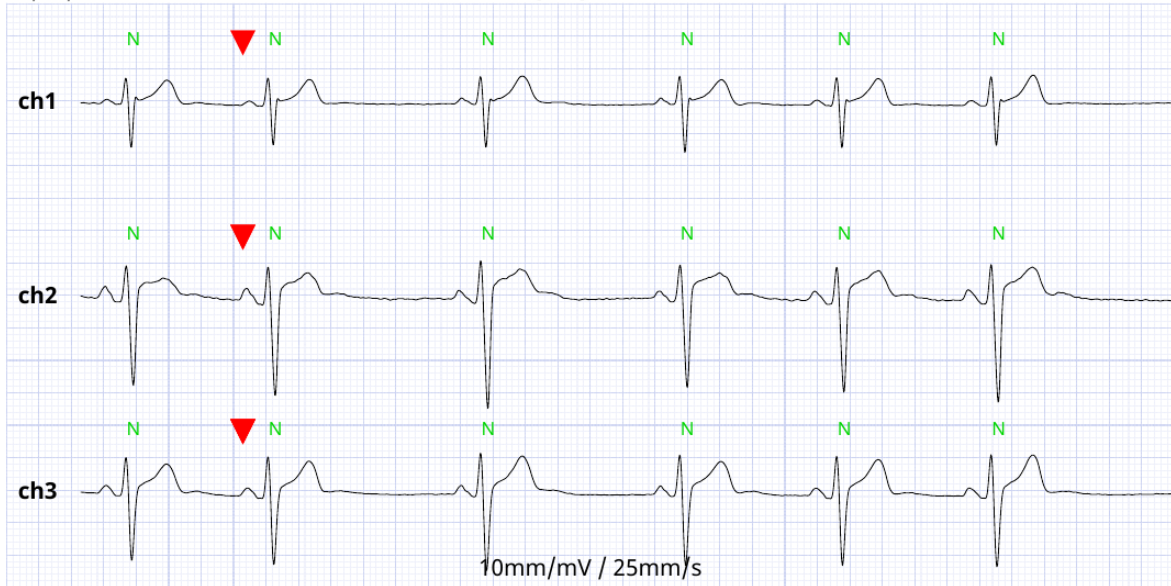
Report 1 - Reproduced original page

Original event strips: bradycardia episodes recorded at 04:23:11 and 05:20:41 on 10/04/2024.

Prenotazioni evento

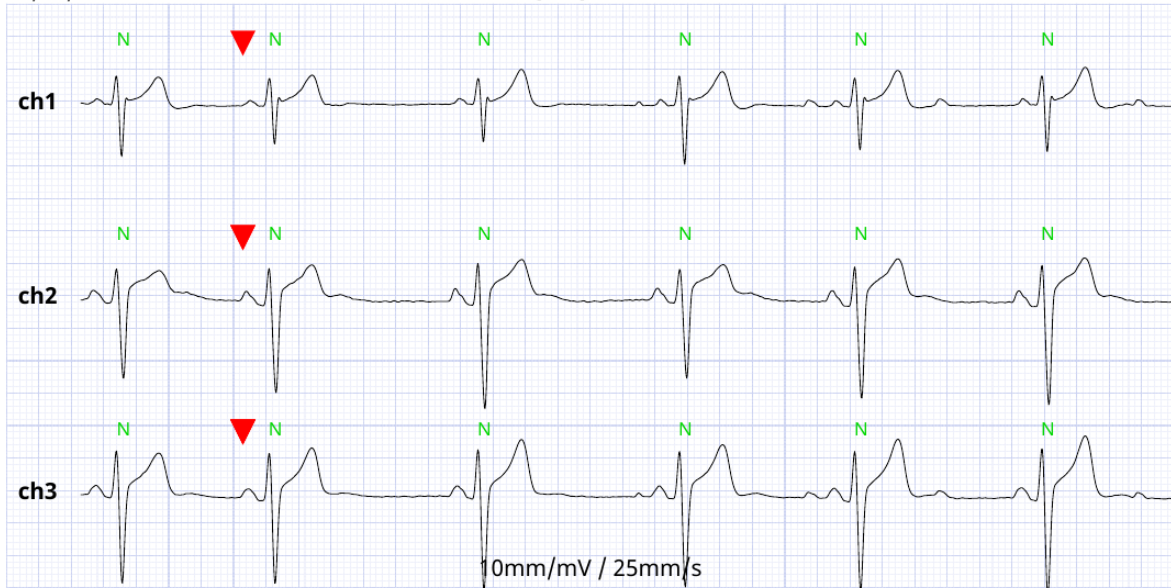
10/04/2024 04:23:11 - Battiti: 2

BRA @ 10/04/2024 04:23:11



10/04/2024 05:20:41 - Battiti: 2

BRA @ 10/04/2024 05:20:41



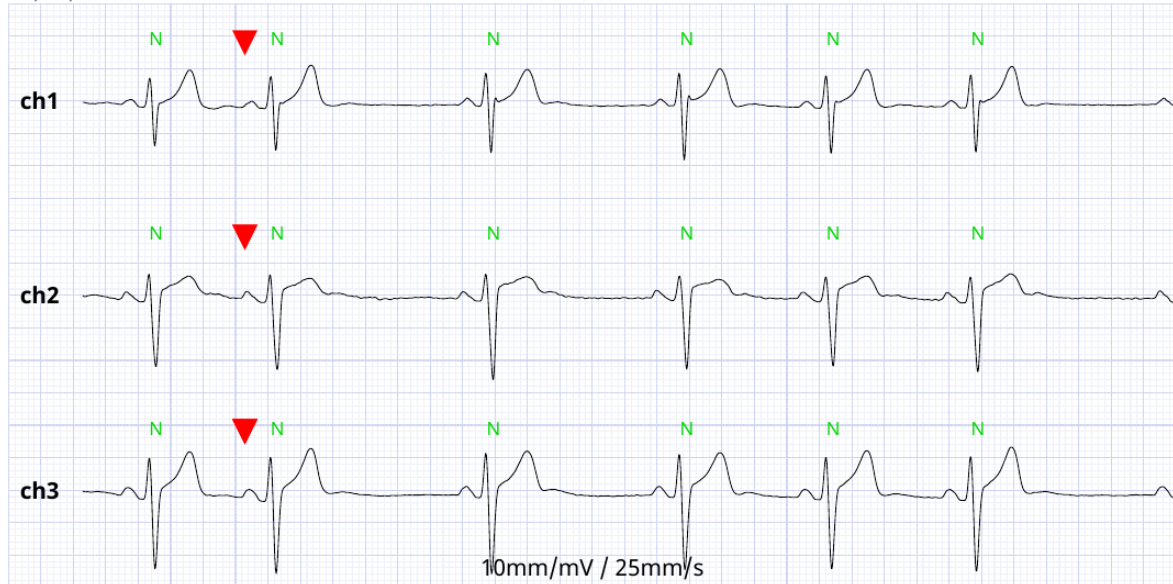
Report 1 - Reproduced original page

Original event strips: bradycardia episodes recorded at 05:44:48 and 06:26:46 on 10/04/2024.

Prenotazioni evento

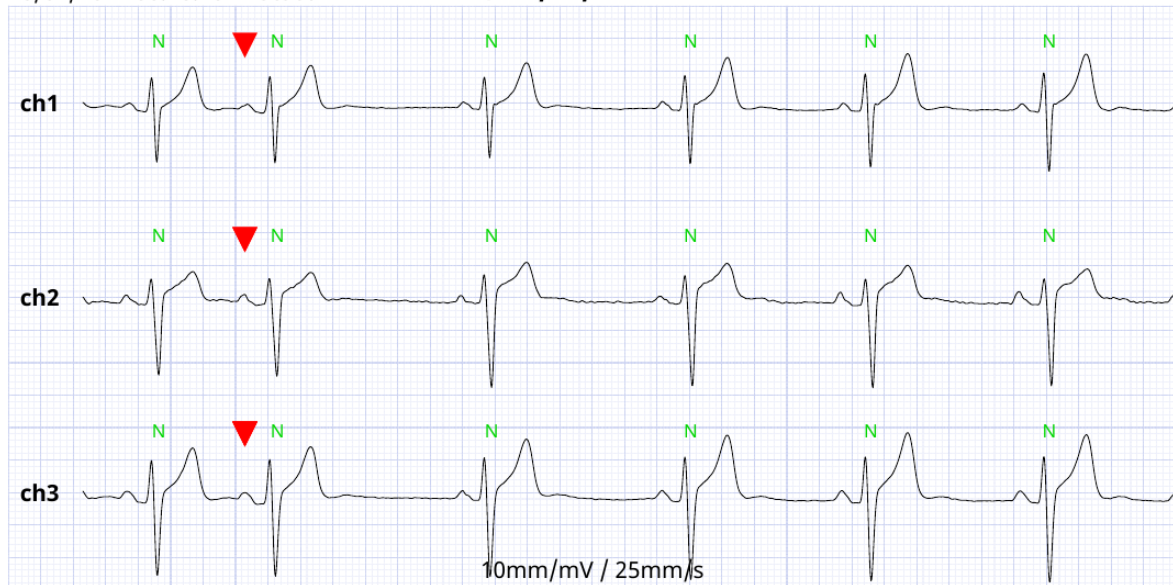
10/04/2024 05:44:48 - Battiti: 2

BRA @ 10/04/2024 05:44:48



10/04/2024 06:26:46 - Battiti: 2

BRA @ 10/04/2024 06:26:46



Report 1 - Reproduced original page

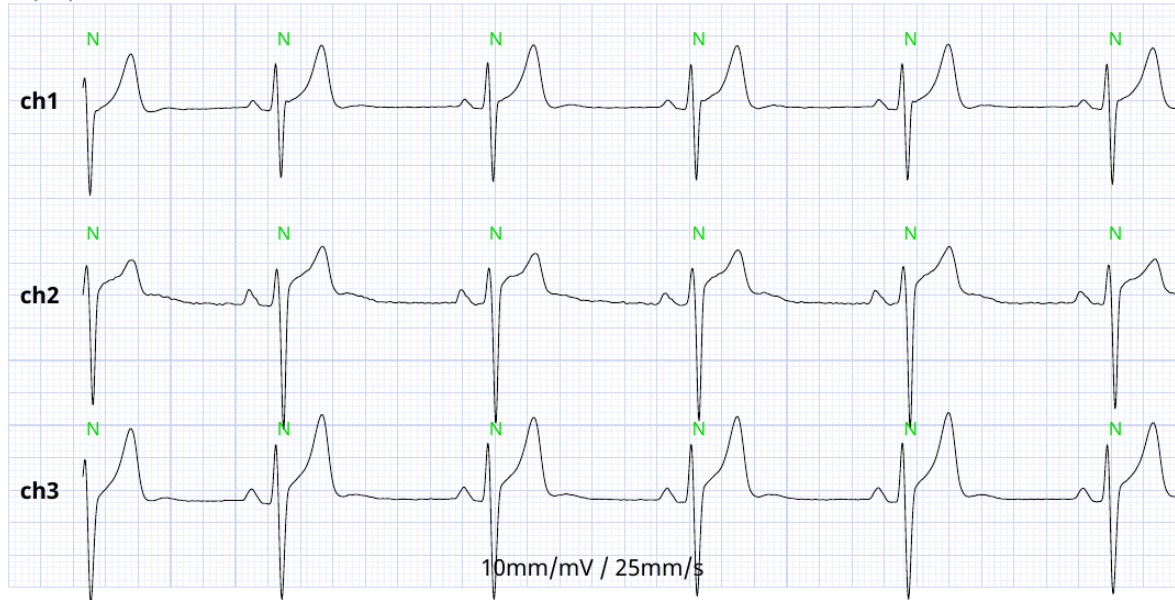
Original user-selected ECG strips: selection no. 1 (HR 51) and no. 2 (HR 139).

Prenotazioni ECG

10/04/2024 03:17:03 FC 51

Selezione ECG utente n.1

1



09/04/2024 11:13:28 FC 139

Selezione ECG utente n.2

1



Report 1 - Reproduced original page

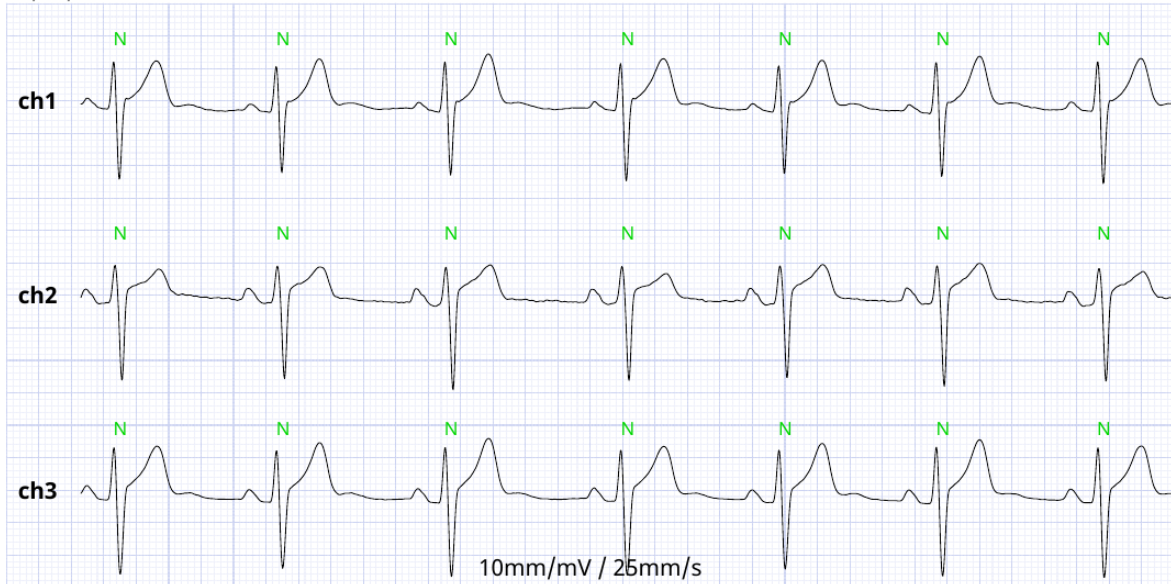
Original user-selected ECG strips: selection no. 7 (HR 57) and no. 8.

Prenotazioni ECG

09/04/2024 15:15:27 FC 57

Selezione ECG utente n.7

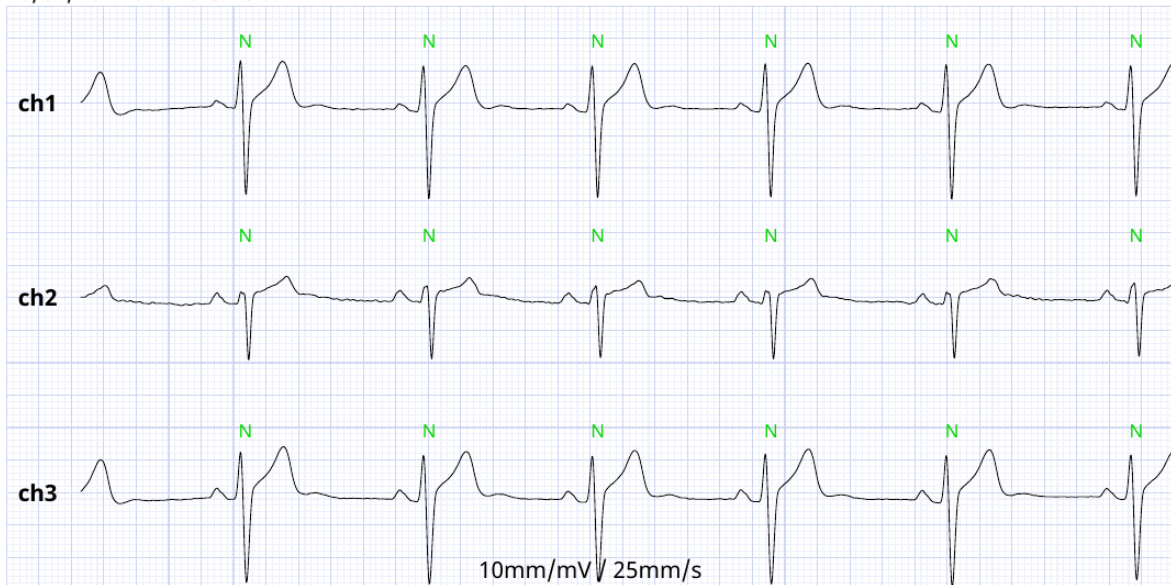
1



10/04/2024 01:12:45 FC 0

Selezione ECG utente n.8

1



Report 1 - Reproduced original page

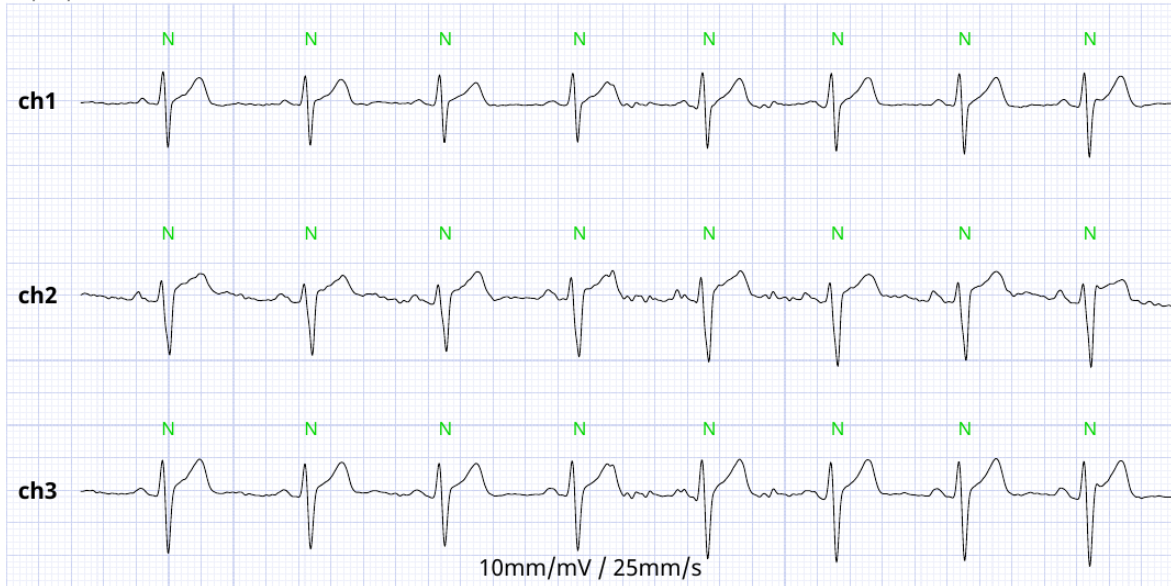
Original user-selected ECG strip: selection no. 9 (HR 67).

Prenotazioni ECG

10/04/2024 08:22:21 FC 67

Selezione ECG utente n.9

1



Report 2 - Milan 24-hour Holter ECG Summary (English translation)

Source document: 07/05/2024_HOLTER MILANO.pdf

Field	Value
Patient ID / Tax code	F10102.794 / BNCGPP93C19F104D
Name	Giuseppe Buonconsiglio
Date of birth / Age	19/03/1993 / 31 years
Address	Via Nino Bixio 14 - 85026 Palazzo San Gervasio (PZ)
Sex	Male
Recording date/time	07/05/2024 17:11:32 (24:00 duration)
Operator / Site	Farmacia Affori Dr. Spaggiari & C. S.a.s., Milan

Holter summary (translated)

Metric	Reported value
Analyzed channels	CH1 CH2 CH3 (3 channels)
Total beats	97,309
Average HR	68 bpm
Minimum HR	41 bpm @ 08/05 06:42:48
Maximum HR	135 bpm @ 07/05 20:01:27
Bradycardia episodes (<50 bpm)	162 episodes; total duration 01:09:15
Longest bradycardia	275 beats @ 08/05 02:21:04
Tachycardia episodes (≥ 120 bpm)	4 episodes; total duration 00:01:15
Longest tachycardia	108 beats @ 07/05 20:01:18
Pauses >2 s	0
Ventricular extrasystoles (BEV)	0 total
Supraventricular extrasystoles (BESV)	1 isolated beat
ST events	No significant ST depression or elevation reported

Heart rate variability

HRV parameter	Value
SDNN	184 ms
SDANN	160 ms
SDANN Index	85 ms
rMSSD	58 ms
pNN50	27.42%
Triangular Index (TRIIDX)	53.45
LF	1873.51
HF	1231.01
LF/HF	1.52

Translated diagnostic report

Sinus rhythm with average HR 68 bpm, maximum HR 135 bpm (07/05 20:01:27) and minimum HR 41 bpm (08/05 06:42:48). Normal AV and intraventricular conduction. No pathological pauses. 1 supraventricular extrasystole detected. No significant ST-segment alterations. No relevant events corresponding to the symptoms reported in the diary. Some episodes of sinus tachycardia occurred without activity reported in the diary.

Report 2 - Hourly table (translated)

Hour	Beats	Min	Avg	Max	Ventricular ES	Supraventricular ES	Pauses
17:00 07/05	3935	66	82	118	0	0	0
18:00	4458	55	74	113	0	0	0
19:00	3698	48	62	129	0	0	0
20:00	4639	57	77	135	0	0	0
21:00	5063	64	85	123	0	0	0
22:00	4729	64	79	107	0	0	0
23:00	4076	55	68	104	0	0	0
00:00 08/05	3618	51	60	88	0	0	0
01:00	3377	47	56	85	0	0	0
02:00	3142	46	52	92	0	0	0
03:00	3561	44	59	118	0	0	0
04:00	3300	45	55	94	0	0	0
05:00	3327	44	55	106	0	0	0
06:00	3246	41	54	103	0	0	0
07:00	3234	45	54	95	0	0	0
08:00	3357	43	56	122	0	0	0
09:00	4675	54	78	120	0	1	0
10:00	5255	66	88	114	0	0	0
11:00	4556	58	76	112	0	0	0
12:00	4310	51	72	112	0	0	0
13:00	4427	56	74	113	0	0	0
14:00	4214	58	70	116	0	0	0
15:00	4108	57	68	112	0	0	0
16:00	4044	57	67	99	0	0	0
17:00	960	61	84	118	0	0	0
Total	97309	41	68	135	0	1	0

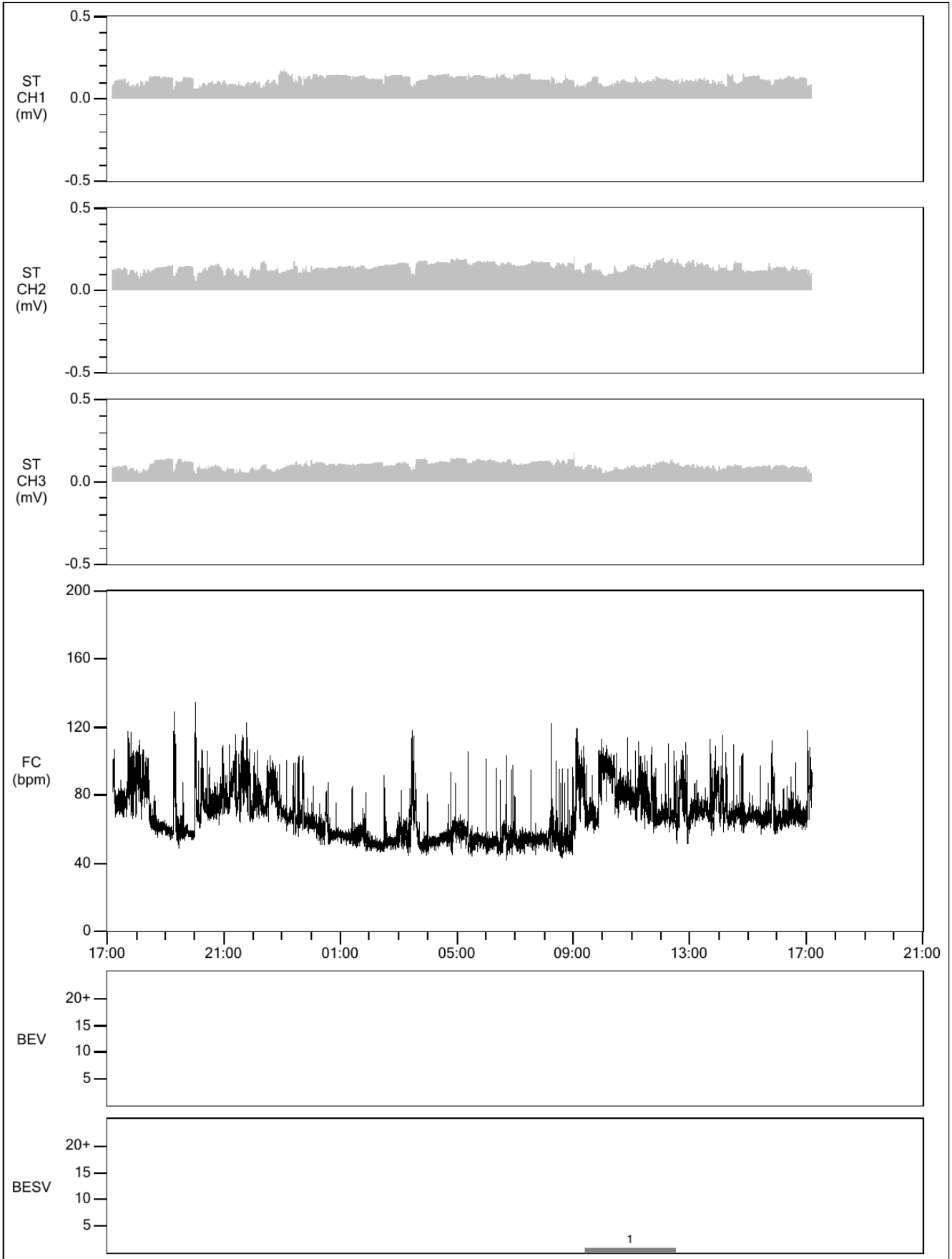
Original reproduced pages from the Milan report

The following pages retain the original ECG strips and trend plots. Only the page captions have been translated in this companion PDF.

Report 2 - Reproduced original page

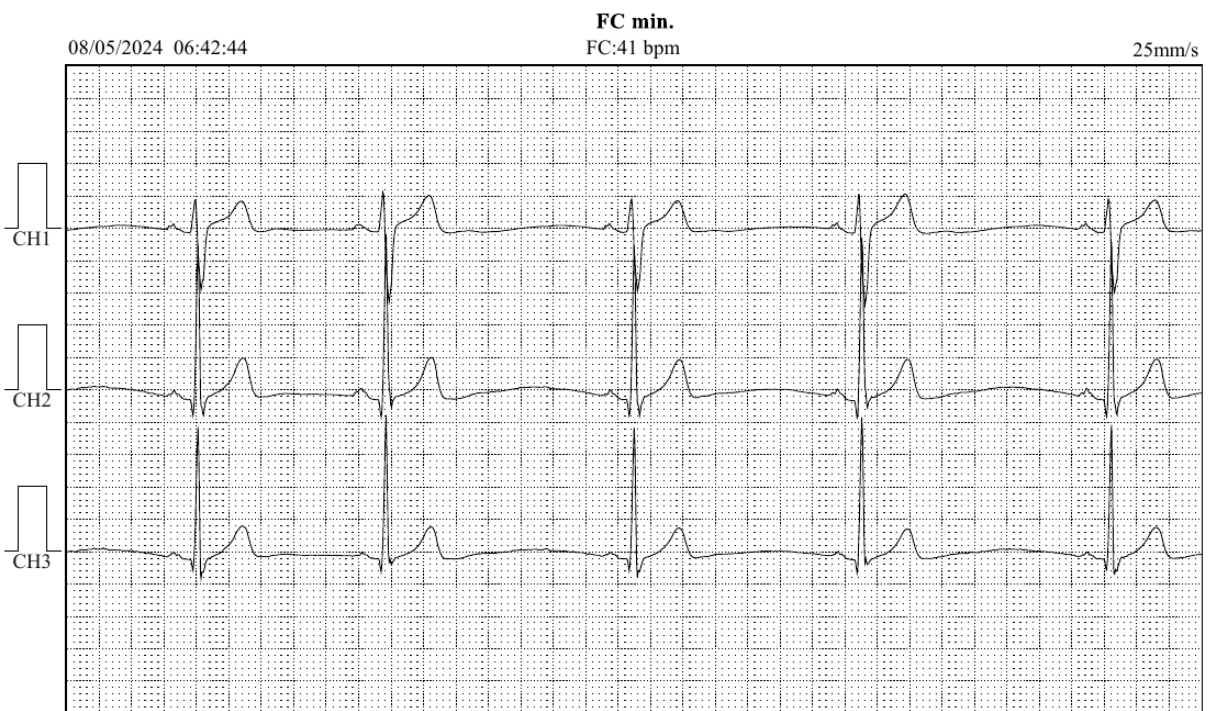
Original trend page: ST channels, heart rate trend, ventricular extrasystoles (BEV), and supraventricular extrasystoles (BESV).

Trend



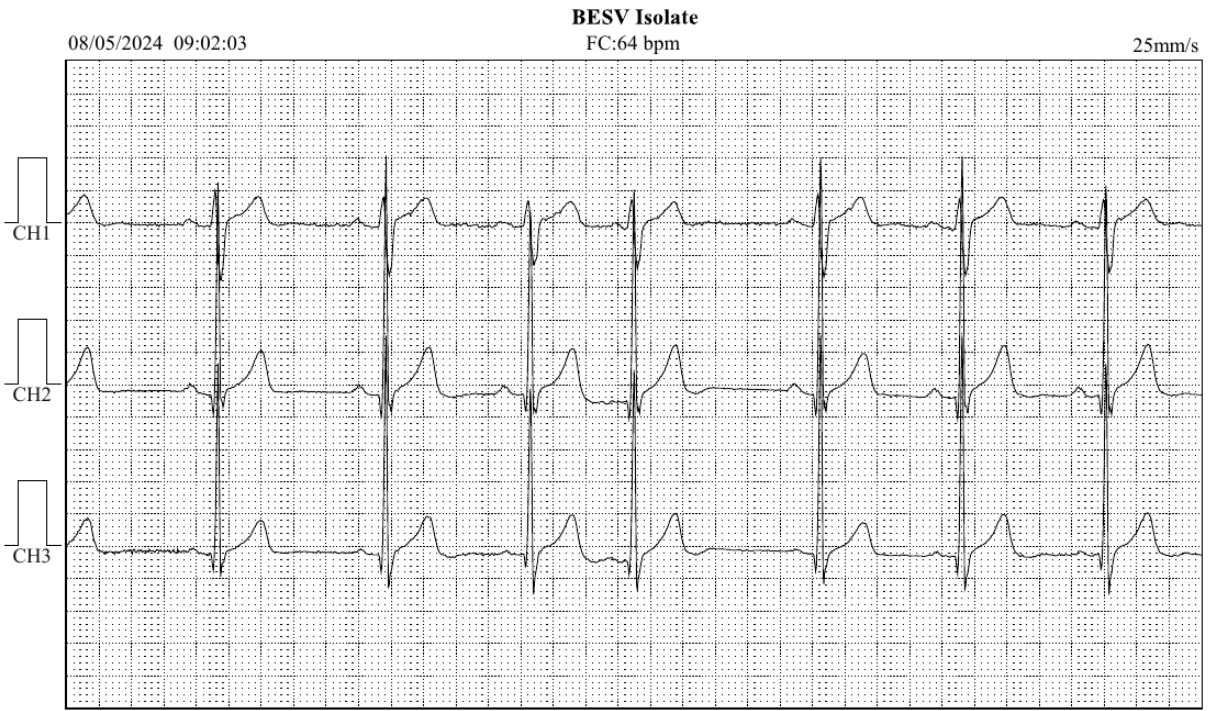
Report 2 - Reproduced original page

Original ECG strips showing maximum HR (135 bpm) and minimum HR (41 bpm).



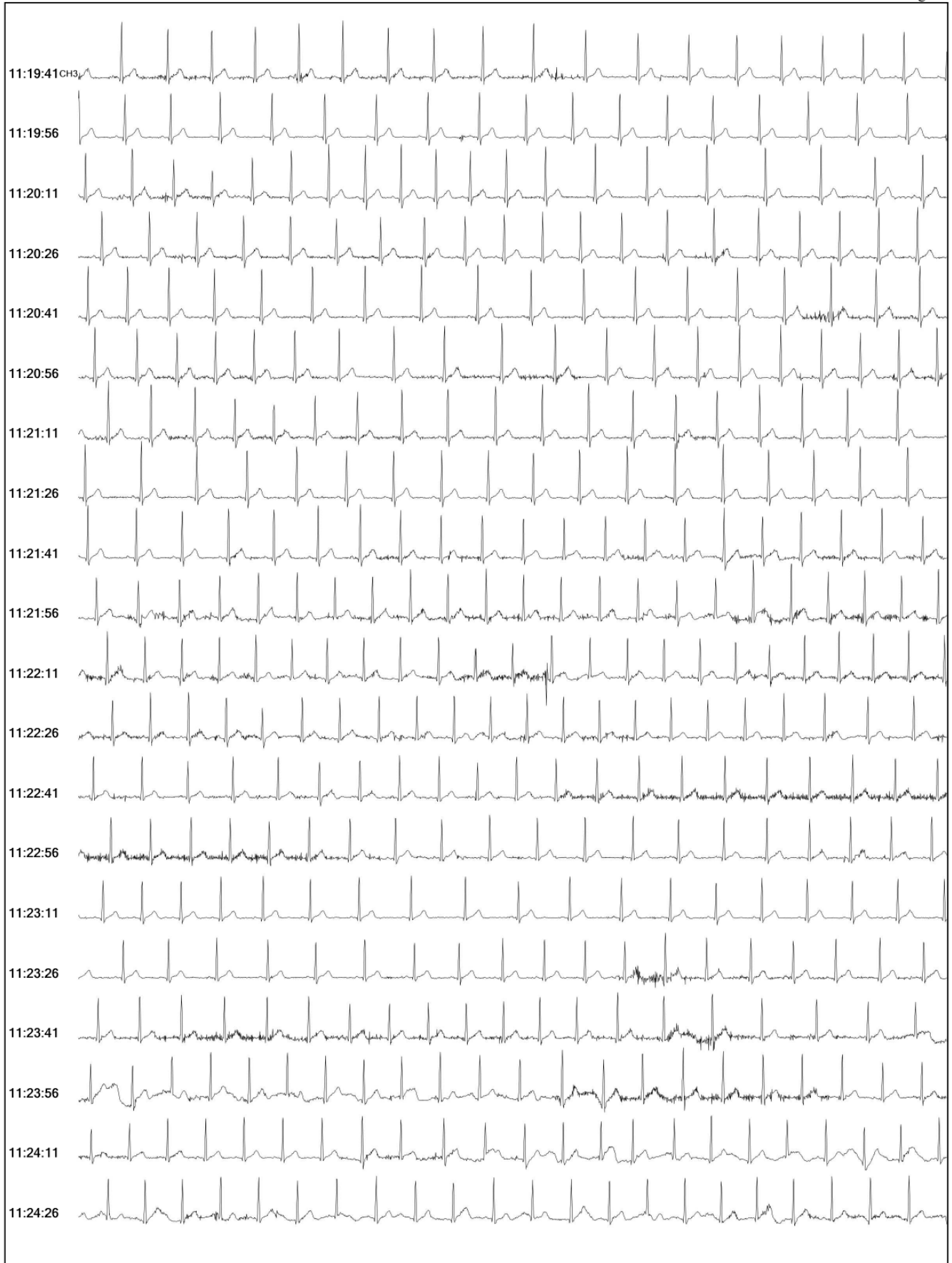
Report 2 - Reproduced original page

Original ECG strip showing the isolated supraventricular extrasystole (BESV isolate).



Report 2 - Reproduced original page

Original ECG page (5 minutes per page).



Report 2 - Reproduced original page

Original ECG continuation page (5 minutes per page).



English Companion Translation and Chronological Review

Emergency-room visits and hospital records related to dyspnea, chest pain, chest oppression, asthenia, or similar symptoms. Prepared from the uploaded copies for second-opinion review; not a certified translation.

Purpose: keep the order of visits clear and show the readable blood-value changes over time. Where a scan was photographic or partly legible, the text below is marked as best-effort reading.

Chronological overview

Date	Facility	Presentation	Main conclusion
09 Apr 2024 (01:11)	PPI Venosa	Chest pain after dinner; post-prandial acidity.	Treated on site; note states troponin values were normal.
09 Apr 2024	Policlinico Bari	Oppressive retrosternal pain, dyspnea, palpitations.	No cardiologic emergency; ECG/echo non-acute; chest X-ray negative.
10 Apr 2024	Potenza	Persistent thoracic pain and breathing difficulty.	Atypical chest pain; ECG and blood tests reported normal; anxiety noted.
23 Apr 2024	Novara	ER attendance; details limited in uploaded copy.	Later record mentions negative troponin at this visit.
04–05 May 2024	San Raffaele	Meal-related retrosternal pain; dizziness / epigastralgia.	ECG and focused echo without urgent cardiologic findings.
05–06 May 2024	Novara	Chest pain.	Discharged; advised creatinine recheck, TSH, Holter, possible abdominal ultrasound.
07 May 2024	San Raffaele	Dyspnea / waking with shortness of breath.	Chest X-ray normal; gas test showed marked respiratory alkalosis / hyperventilation pattern.
10 May 2024	Luxembourg	Pleuritic chest pain / dyspnea.	Chest X-ray and chest angio-CT without acute thoracic pathology or PE.
09 Jul 2024	Ireland	Emergency attendance with ECG and blood tests.	Visible pages show largely non-alarming CBC/chemistry; pantoprazole prescribed.
09 Aug 2024	Altamura	Reported anxiety state; chest oppression and dyspnea.	Discharge diagnosis: unspecified chest pain.
30 Aug 2024	Mater Dei Bari	Chest oppression with asthenia.	Chest-wall / epigastric tenderness; no signs of active heart disease.
26 Jan 2025	Altamura	Lower-limb weakness, dyspnea, epigastralgia, retrosternal pain.	Suspected reflux / GERD; GI, cardiology and pulmonology follow-up advised.
11 Feb 2025	Prague (VFN)	Pleuritic chest pain, myalgias, dyspnea, weakness.	Sinus bradycardia on ECG; further work-up performed.
19 Feb 2025	Prague (Na Františku)	Fever, chest pressure / pain, weakness, myalgias, diarrhea.	Past history notes mild systolic dysfunction / EF about 50%, under work-up.

Readable blood-test / gas-test trend

Values in bold with arrows were clearly above or below the printed reference range on the uploaded copy.

Date / facility	Key readable translated values	Main notable point
09 Apr 2024 — Bari	WBC 13.62 ↑; neutrophils 11.98 ↑ / 88% ↑; Hb 15.5 ↑; glucose 106 ↑; ionized calcium 4.53 ↓; troponin <2.5 ; CRP <4 ; D-dimer 348 ; creatinine 1.08 .	Initial panel shows mild neutrophilic leukocytosis; cardiac markers negative.
10 Apr 2024 — Potenza	WBC 9.62; Hb 15.5 ↑; RBC 5.02 ↑; creatinine 1.2 ; troponin 1.6 ng/L ; D-dimer 418 ; CRP 0.2 ; Na 141; K 4.0.	Report explicitly states ECG and blood tests were normal.
07 May 2024 — San Raffaele	Gas test: pH 7.62 ↑, pCO ₂ 22 ↓, pO ₂ 101, HCO ₃ 27.4, Na 140.2, K 3.58, glucose 95, lactate 1.48.	Strong respiratory alkalosis / hyperventilation pattern is the clearest physiological abnormality.
10 May 2024 — Luxembourg	Creatinine 1.22 ↑; eGFR 78.4; D-dimer 0.82 ↑; hs troponin T <5 ; NT-proBNP <50 ; CRP <0.30 ; WBC 5.89; Hb 15.1.	Despite elevated D-dimer, chest angio-CT reported no central or segmental PE.
09 Jul 2024 — Ireland	WBC 7.9; Hb 15.8; platelets 296; CRP <0.60 ; urea 5.1; Na 142; K 4.8; creatinine 98; eGFR 77.	Visible page shows no major laboratory alarm.

Per-visit English companion translation

09 Apr 2024 — Venosa pre-hospital / PPI note

- The pre-hospital note records **chest pain** beginning after dinner. The patient also reported **post-prandial acidity**.
- The sheet lists general visit, venous access, blood draw, monitoring and ECG.
- The note states there were **no known active diseases** and **no chronic therapy**. A later line indicates that the **troponin values were normal**.
- Outcome recorded: **treated on site**.

09 Apr 2024 — Policlinico Bari

- Reason for presentation: **oppressive retrosternal chest pain**, associated with **dyspnea** and **palpitations**, recurring over about three weeks.
- Cardiology consultation describes no major cardiovascular risk factors; patient alert and collaborative, apparently anxious, with mild residual retrosternal discomfort.
- ECG: **sinus rhythm at 77 bpm**. Echo: left ventricle normal in size and thickness, global systolic function normal, estimated EF about **60%**, no pericardial effusion.
- Chest X-ray: **no pleuro-parenchymal lesion in progress**; cardiac silhouette within limits.
- Laboratory panel: mild **leukocytosis with neutrophilia**; troponin negative; CRP negative; D-dimer within cut-off for age < 50.
- Conclusion written by cardiology: **absence of cardiologic emergency**. Suggested follow-up: **24-hour Holter ECG** and repeat outpatient assessment if symptoms persisted.

10 Apr 2024 — Potenza

- Presenting problem: **persistent thoracic pain and breathing difficulty**.
- The report explicitly says the patient had already been seen in Venosa and then in Bari, where ECG, echo and blood tests were reportedly negative for cardiologic disease.
- Emergency-room diagnosis: **atypical chest pain**. The report states: **ECG and blood tests within normal limits (troponin 1.6 ng/L)**. **Obvious anxiety state** also noted.
- Discharged home with recommendation for rest for a few days.

23 Apr 2024 — Novara

- The uploaded copy is mainly the administrative cover pages. Clinical details are limited on the visible text.
- Later records from San Raffaele specifically state that at the **23 Apr 2024 Novara emergency-room visit** the patient had a **negative troponin**.

04–05 May 2024 — San Raffaele, Milan

- History: **intermittent retrosternal pain for about 10 days**, lasting several hours, and **associated with meals**. Dizziness and epigastralgia also described.
- ECG: **sinus rhythm 60 bpm**, no ischemic signs, normal AV/IV conduction.
- Focused echo: **preserved biventricular systolic function**, no significant valvular disease, ascending aorta within limits, **no pericardial effusion**. Gallbladder described as **without stones**.
- Overall impression: no acute cardiologic finding at that visit.

05–06 May 2024 — Novara

- Reason: **chest pain**; the report mentions a previous Milan visit on 04 May for the same symptoms.
- Exam: patient alert and oriented; ECG reported **sinus rhythm at 79 bpm**; chest exam without major added sounds; no edema.
- Tests listed: **head CT**, **chest X-ray**, and blood tests (full laboratory attachment not readable in the uploaded copy).
- Discharge diagnosis: **chest pain**.
- Advice at discharge: **repeat creatinine shortly**, perform **TSH**, **24-hour Holter ECG**, and consider **abdominal ultrasound**.

07 May 2024 — San Raffaele, Milan (dyspnea visit)

- Reason: **dyspnea / mild respiratory distress**; the patient reported waking suddenly because of shortness of breath for about two days.
- Vital signs on arrival: oxygen saturation **99%**, heart rate about **105**, blood pressure **130/70**.
- Gas values visible in the report: **pH 7.62**, **pCO₂ 22**, **pO₂ 101**, **HCO₃⁻ 27.4**, sodium 140.2, potassium 3.58, glucose 95, lactate 1.48.
- Chest X-ray: lungs normally expanded, **no focal parenchymal consolidation**, cardiac-mediastinal image within limits, **no pleural effusion**.
- The discharge page indicates **subjective dyspnea, second to anxiety attacks**; visible suggested therapy included **alprazolam 0.25 mg as needed**, **Pantorc**, and **psychological / psychiatric evaluation**.

10 May 2024 — Luxembourg

- Reason on the radiology report: **pain on breathing**. Chest X-ray result: cardiothoracic index within normal limits, **no pneumothorax**, satisfactory lung aeration.
- Chest angio-CT: performed to **exclude pulmonary embolism**. Despite a technical problem with thin sections, the report states: **no central or segmental pulmonary embolism detected**, no right-heart dilatation, no pleural effusion, no parenchymal condensation.
- Laboratory values visible on the uploaded pages: glucose 86, urea 26, **creatinine 1.22**, eGFR 78.4, sodium 141, potassium 4.1, CRP <0.30, AST 20, ALT 19, hs troponin T <5, NT-proBNP <50, TSH 2.30, CBC within range, but **D-dimer 0.82 µg/mL**.

09 Jul 2024 — Ireland (Connolly Hospital)

- Visible laboratory page shows: WBC 7.9, RBC 5.14, Hb 15.8, platelets 296, CRP <0.60, urea 5.1, sodium 142, potassium 4.8, creatinine 98, eGFR 77.
- Visible ECG page: **sinus rhythm**; machine summary says **rightward axis** and **borderline ECG** (unconfirmed diagnosis).
- Visible prescription sheet: **Pantoprazole 40 mg, twice daily by mouth for 2 weeks**.

09 Aug 2024 — Altamura

- Triage / acceptance page shows arrival by **ambulance 118** and the description **reported anxiety state**.
- On the first page, the diagnostic hypothesis line shows **chest oppression and dyspnea**.
- The following pages list chest radiography, laboratory tests and ECG among the performed investigations.
- Discharge diagnosis visible on the photographed page: **unspecified chest pain**.

30 Aug 2024 — Mater Dei Hospital, Bari

- Presentation: **chest oppression associated with asthenia**, reportedly starting around 9:30 AM.
- ECG note from the ambulance / ER: normal conduction / sinus rhythm, with a **mild concave ST elevation in V3–V4** without significant reciprocal changes.
- Physical exam: rhythmic heart sounds, abdomen soft, normal breath sounds, **mild tenderness on palpation of the chest wall and epigastrium**.
- Labs visible on the uploaded pages: **high-sensitivity troponin I <2.1**, **D-dimer 373**, **procalcitonin <0.02**.
- Chest X-ray: **no pleuro-parenchymal lesions in progress**.
- Discharge diagnosis in the ER summary: **pain of the chest wall without signs of active heart disease**.

26 Jan 2025 — Altamura

- Presenting complaint visible on the sheet: **asthenia of the lower limbs**; the symptom line also mentions **breathing difficulty**.
- Clinical note states a history over months of **epigastralgia and retrosternal pain worsening in the supine position**, together with reduced appetite, asthenia and weight loss.
- Discharge text recommends: **light diet**, avoidance of spicy food / stimulants / coffee / tea / fizzy drinks / NSAID abuse, and sleeping with more pillows.
- Medications visible: **Lansoprazole 30 mg** and **Gaviscon 1 sachet after meals and before bed**.
- Further investigations recommended: **EGDS and colonoscopy**, **cardiology with exercise test**, and **pulmonology review**.

- Discharge diagnoses visible: **unspecified chest pain** and **retrosternal pain with epigastralgia (suspected GERD / reflux disease)**.

11 Feb 2025 — Prague (VFN)

- Reason: **whole-body pain and dyspnea**; narrative says pleuritic chest pain, myalgias and weakness after walking, with mild chills.
- On examination: blood pressure about **100/70**, pulse about **47/min**, oxygen saturation **99%**, temperature **36.2 °C**.
- ECG description: **sinus rhythm**, rate about **44/min**, low voltage in III and aVL, small ST elevations up to **0.55 mm in V2–V6**; typed summary indicates **sinus bradycardia**.
- Visible blood-gas / point-of-care values: glucose 4.5 mmol/L, Hb 162, bilirubin 8, pH 7.390, pCO₂ 6.42 kPa, current bicarbonate 29.1, standard bicarbonate 25.0, base excess 3.1.

19 Feb 2025 — Prague (Na Františku)

- Reason for arrival: brought by ambulance for **chest pain / pressure**; the record also states the patient was **febrile** and had weakness, muscle pains, nausea and **five days of diarrheal stools** without blood.
- Past history recorded: **mild systolic dysfunction, diffuse hypokinesia, EF 50%**, already under work-up with planned **CT coronary angiography** and **Holter ECG**; chronic anisocoria noted.
- Initial visible values: blood pressure about **91/75**, temperature **37.9 °C**, pulse **80/min**, respiratory rate **16/min**, oxygen saturation **97%**.
- The uploaded copy is partly corrupted / hard to read, so laboratory details are not reliably extractable from the provided file.

General review note for the second-opinion reader: across the readable records, repeated cardiac injury markers (troponin) are repeatedly reported as **negative / very low**; multiple chest radiographs are described as **without acute pulmonary findings**; one chest angio-CT in Luxembourg reports **no central or segmental pulmonary embolism**. The clearest abnormal snapshots in the uploaded set are: **initial neutrophilic leukocytosis on 09 Apr 2024, borderline / mildly elevated creatinine on some later visits, an elevated D-dimer in Luxembourg, and the marked respiratory alkalosis / hyperventilation pattern on 07 May 2024.**

Source files used

- 08042024_PRONTO SOCCORSO VENOSA.pdf
- 09042024_PRONTO SOCCORSO POLICLINICO BARI.pdf
- 10042024_PRONTO SOCCORSO POTENZA.pdf
- 23042024_PRONTO SOCCORSO NOVARA.pdf
- 04052024_SAn Raffaele ECG.pdf
- 05052024_PS NOVARA.pdf
- 07052024_PSNOVARA.pdf / 07052024_PS SAN RAFFAELE.pdf
- 10052024_Emergency room Luxembourg.pdf
- 09072024_Hospital Ireland.pdf
- 09082024_Altamura Ospedale agosto.pdf
- 01092024_Mater dei Bari.pdf (clinical event dated 30/08/2024 in the report)
- 26012025_Altamura.pdf
- 1022025_Prague.pdf
- 19022025_CZ_NEMOCNICE NA FRANTISKU.pdf

URINE ANALYSIS REPORT (Translated)

Test	Result	Reference	Flag
Appearance	Clear	-	
Color	Yellow-orange	-	
Specific Gravity	1031	1005-1030	HIGH
pH	5.5	5.5-7.5	
Leukocytes	0	Absent	
Nitrites	Absent	Absent	
Proteins	20 mg/dl	0-10	HIGH
Glucose	0	Absent	
Ketones	10 mg/dl	Absent	HIGH
Urobilinogen	0	Absent	
Bilirubin	0	Absent	
Hemoglobin	0	Absent	

Stool Test: Occult Blood - Negative

WASHINGTON MEDICAL CENTER

Patient: Giuseppe Buonconsiglio

Address: Via Nino Bixio 14, 85026 Palazzo San Gervasio (PZ)

Tax Code: BNCGPP93C19F104D

Date: 24/04/2024

Report

Washington Medical Center S.r.l.

Via Salvio Giuliano 5/3 - 20146 Milan

Phone: 02-66666840

SPECIALIST PULMONOLOGY VISIT

MEDICAL HISTORY

Born on: 19/03/1993

No occupational exposure; never smoked.

No significant past medical history reported. In February, evidence of renal insufficiency and elevated TSH during intake of unspecified supplements.

On 09/04, admission to Emergency Department in another region for atypical chest pain radiating to the left arm with shortness of breath. Blood tests and thyroid function tests were performed (normal except slight increase in white blood cells with normal CRP), ECG and cardiology evaluation (also repeated later with echocardiogram, negative for acute issues), chest X-ray (normal). Also reviewed abdominal ultrasound (normal), prick test for common inhalants (normal).

Currently reports occasional, milder episodes of shortness of breath with chest pain worsened by position; no cough and/or fever.

OBJECTIVE EXAMINATION

Thoraco-abdominal findings normal.

Heart: regular rhythm, normal sounds. Oxygen saturation: 97%.

Flow-volume curve performed: normal (FEV1 116%, FVC 120%).

DIAGNOSIS / THERAPY

Atypical chest pain.

If symptoms persist, it is recommended to perform a bronchial provocation test (methacholine test).

ANTHEA HOSPITAL - GVM GROUP

LABORATORY DIAGNOSTICS

Via C. Rosalba 35/37 - 70124 Bari - Tel. 080/5644607-665

Email: analisilab-ah@gvmnet.it

Request No.: 0004304945 dated 30-04-2024

Sample collected: 30-04-2024 at 11:28

Patient: Giuseppe Buonconsiglio

Address: Via Nino Bixio 14, 85026 Palazzo San Gervasio

Printed: 30-04-2024 at 13:18

Department: External

Tax Code: BNCGPP93C19F104D

Date of Birth: 19-03-1993

Sex: Male

URINE TESTS

Appearance: Clear

Color: Yellow-orange

Specific Gravity: 1031 [Reference: 1005 - 1030] *

pH: 5.5 [Reference: 5.5 - 7.5]

Leukocytes: 0 leu/ μ l (Absent)

Nitrites: Absent

Proteins: 20.0 mg/dl [Reference: 0.0 - 10.0] *

Glucose: 0.0 mg/dl (Absent)

Ketone Bodies: 10.0 mg/dl (Absent) *

Urobilinogen: 0.0 mg/dl (Absent)

Bilirubin: 0.0 mg/dl (Absent)

Hemoglobin: 0.0 mg/dl (Absent)

Sediment: Some cells from lower urinary tract

STOOL TEST

Occult Blood Test: Negative

NOTES

For triglycerides, cholesterol, HDL cholesterol, and uric acid, results may be underestimated in patients treated with metamizole.

For GPT/ALT, results may be underestimated in patients treated with sulfasalazine.

* Value outside reference range

** Analysis performed by external service

Digitally signed in accordance with current regulations on 30-04-2024 at 13:22 by:

Dr. Clementina Bottalico