



30 BOND STREET  
TORONTO ON M5B 1W8  
416-360-4000

Name: McIntyre, Alastair  
MRN: 103847950



DOB: 31/1/1951  
OHIP: 4895339267  
Legal Sex: Male  
Admission Date: 21/4/2025

McIntyre, Alastair

*"For the Least of My Brethren"*  
*by Irene McDonald, CSJ*

MRN: 103847950

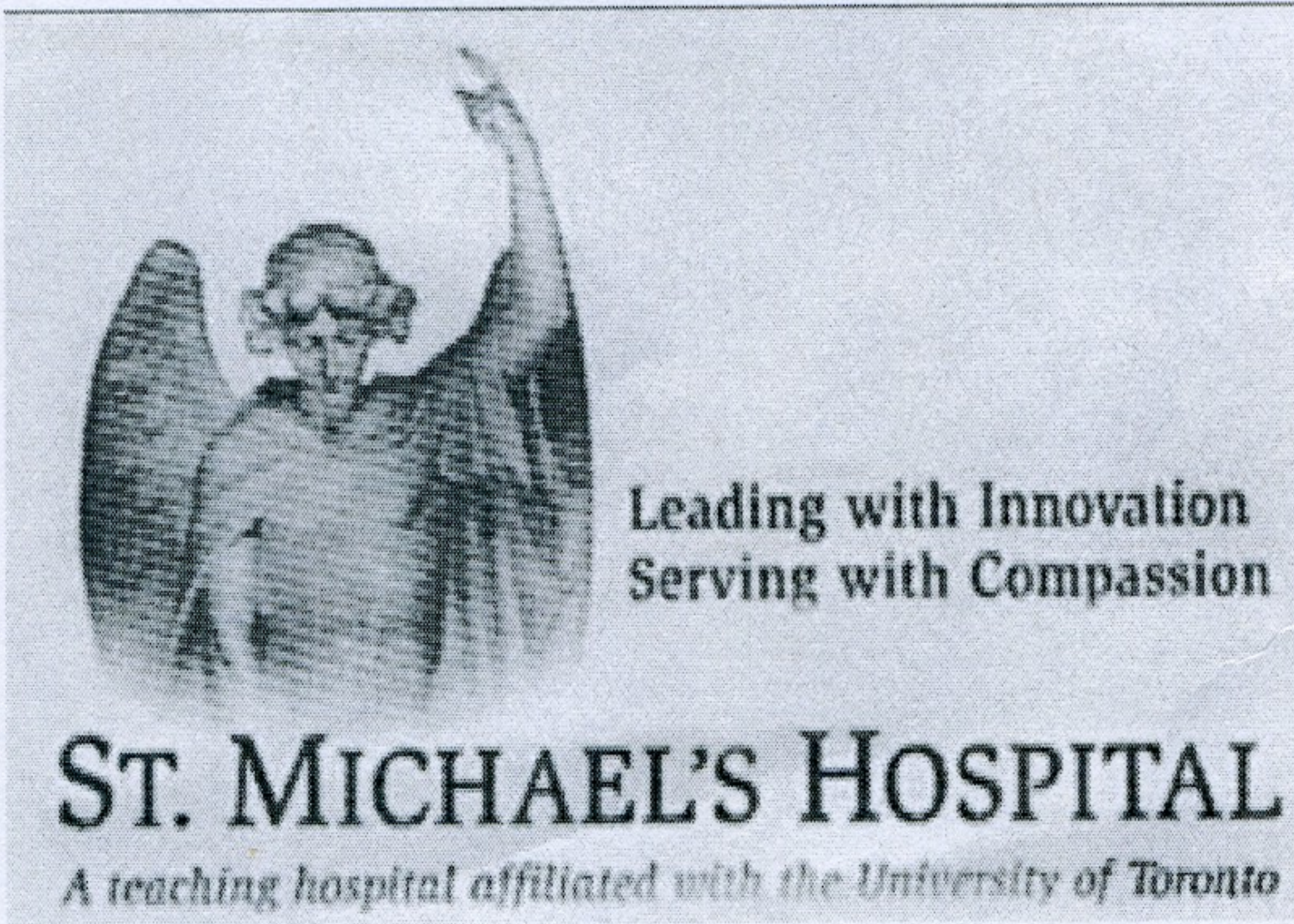
Max Jiang, MD  
Resident  
Internal Medicine

Discharge Summary    
Cosign Needed

Date of Service: 22/4/2025 9:22 AM

General Internal Medicine Discharge Summary

Patient Name: Alastair McIntyre  
DOB: 31/1/1951  
Chart Number: 103847950



Admission Details

Admission Date: 21/4/2025  
Discharge Date: 22/4/2025  
Length of stay: 0 days

Admitting Provider: Trevor Jamieson, MD  
Discharge Provider: Trevor Jamieson, MD  
Primary Care Physician at Discharge: Laraib Mehdi, MD

Admission Diagnosis: Gastroenteritis [A09.9]  
Primary Discharge Diagnosis: Gastroenteritis  
Disposition: home

Past Medical/Surgical/Social History		
1. CKD 2/2 diabetes / HTN, baseline 120 - followed by Dr Michael Chiu at London Health Sciences Centre	8. Cataract surgery bilaterally 9. Laser photocoagulation bilaterally 10. Chronic open angle glaucoma	He lives alone from a house with stairs, which she has no trouble climbing. Is independent ADL/IADL and still drives. His



2. Type 2 diabetes - diagnosed 25 years ago, likely complicated by diabetic retinopathy. 3. Hypertension - diagnosed 18 years ago. 4. Dyslipidemia. 5. Hypothyroidism. 6. Left vitreous hemorrhage (2020) 7. Smoker - smokes 1 ppd, started at the age of 15, >55 pack-years.	bilaterally	CODE STATUS is full code. He smokes 60 Indian cigarettes per day. He rarely drinks alcohol. Denies drug use.
--	-------------	--

**Course in the Hospital**

The patient endorses that he has been in his usual state of health for the past year. The usual state of health been exactly that, without any hospital admissions or episodes that require medical attention. He did had an appointment with Dr. Chiu, nephrologist in London, back in February this year who opined that the patient's renal function is largely stable on all of the appropriate GDMTs.

This past Easter long weekend, the patient drove from his dwelling to one of his family friend who happens to be a minister and had a big meal consisted of roasted labs and various greasy foods. He then stayed at the friend's house overnight, during which he was awoken from sleep first by a sensation of nausea which is subsequently followed by what the patient described as 10 out of 10, sharp, severe, left-sided, lower chest/upper abdominal pain. The pain is not exacerbated by exercise, and is not postural dependent. The patient said that he has experienced pain before, on average of once per year, neither of which has ever been associated with activity, however he said that this time it did lasted for a bit longer than usual, namely more than 10 minutes.

Otherwise, the patient denies any recent sick contacts, fever, constipation, diarrhea, vomiting, trauma, bleeding, medication nonadherence, or substance use.

**In the ED,** he received aspirin load, IV ondansetron, and IV PPI. By the time of GIM consultation, both the patient's nausea and his left chest/abdominal pain has largely subsided.

**In the hospital,** he Troponin is completely negative. ECG reviewed right bundle branch pattern however unclear whether new or distant. Investigation demonstrates neutrophilic leukocytosis at 14.4 but otherwise normal. Chest x-ray showed some signs of pulmonary volume overload.

Our top differential diagnosis here is gastroenteritis, followed by constipation and abdominal bloating/obstruction. This could be of bacterial in origin given shared meal, or could be a viral although the neutrophilic predominant picture does not support this. We do not believe the patient had myocardial ischemia given pain very atypical of a ischemic cardiac cause, negative troponin, and equivocal ECG. We are not convinced of PE given pain not of pleuritic pattern, no strain pattern ECG, patient has no risk factors for hyper-coagulopathy, there is no unilateral pedal swelling, and that he has been physically active. By the time of discharge, both the patient's nausea and his left chest/abdominal pain has largely subsided.



Relevant Investigations

Discharge labs:

- HB 140, WBC 14.1, PLT 122
- Na 139, K 4.5, Bic 24, Creatinine 142 Ca 2.31, Mg No results found for requested labs within last 365 days., PO4 1.08, Albumin 42
- NT-proBNP 126,

Results from last 7 days

Lab	Units	21/04/25	21/04/25	21/04/25
		1447	1234	1038
TROPONIN I	ng/L	5	4	6

**ECG April 22, 2025:** Sinus Tachycardia, rate about 100, normal axis, no PR prolongation, borderline QRS around 120 ms, QTc prolongation at about 510, noted right bundle branch block pattern, no ST segment changes. Unfortunately, review of connecting Ontario all the way back to 2000 showed no prior ECGs for comparison.

Imaging

- Chest x-ray done April 22nd showed pulmonary venous congestion without acute interstitial pulmonary edema.
- XR Abdomen April 22nd showed mild scattered colorectal stool burden. Nonobstructive bowel gas pattern. No free air within supine radiographic limitations. Vascular calcification. Spinal degenerative changes.

Discharge Medications

**No attempts were made to adjust the patient's home medications. We advised the patient to purchase over the counter repositories should he require assistance with laxation.**

1. ASA 81 mg oral delayed release tablet: 1 tab, ORAL, daily, 0 Refill(s)
2. Lipitor 10 mg oral tablet: 1 tab, ORAL, bedtime, 30 tab, 0 Refill(s)
3. ramipril 5 mg oral capsule: 1 cap, ORAL, daily, 0 Refill(s)
4. Ozempic (0.25 mg or 0.5 mg dose) 2 mg/1.5 mL subcutaneous solution: 0.5 mg, SUBCUTANEOUS, weekly, for 4 week, 0 Refill(s)
5. Tresiba 100 units/mL subcutaneous solution: 60 units, SUBCUTANEOUS, bedtime, rotate injection sites, 0 Refill(s)
6. Trurapi 100 units/mL injectable solution: See Instructions, Use as directed, 0 Refill(s)
7. Vitamin D3 1000 intl units oral tablet: 1 tab, ORAL, daily, 30 tab, 0 Refill(s)
8. dapagliflozin 5 mg oral tablet: 1 tab, ORAL, daily, 90 tab, 0 Refill(s)
9. latanoprost-timolol 0.005%-0.5% ophthalmic solution: 1 drop, EYES BOTH, daily, 0 Refill(s)
10. levothyroxine 150 mcg (0.15 mg) oral tablet: 1 tab, ORAL, daily, 30 tab, 0 Refill(s)

Follow-Up Plan

Dear Dr. Laraib Mehdi,

Below are our recommended follow up appointments:



Primary Care Provider	Kindly see the patient at times of mutual convenience in the near future.
-----------------------	---

Referrals made:

No future appointments.

Please present to ED if you experience any of the following after discharge: fever, chills, sudden weakness or tingling, severe abdominal or chest pain, difficulty breathing, severe nausea or vomiting, pain with urination, or significant urinary incontinence.

We thank you for allowing us to provide care for this patient. Please do not hesitate to contact us if further clarification is needed.

Y. Max Jiang, R1 Internal Medicine  
For Dr. Jamieson, FRCPC, Staff Internist  
St. Michael's Hospital


Electronically signed by Max Jiang, MD at 22/4/2025 9:37 AM

ED to Hosp-Admission (Current) on 21/4/2025

Clinical Impressions

Primary: Gastroenteritis A09.9

Disposition

 Admit  
Provider Care Team: SMH GIM Team D [262]  
AVS  
ED Imaging Reports (English Snapshot) - Printed 21/4/2025  
AVS (English Snapshot) - Printed 21/4/2025

Care Timeline

- 21/04
- 21/04

1006

Arrived
- 21/04

1038

Lipase
- 21/04

1038

Protein, Total
- 21/04

1038

Complete Blood Cell Count (CBC) with Differential (Abnormal)
- 21/04

1038

Troponin I
- 21/04

1038

Liver Function Panel (ALP,ALT,TBIL) (Abnormal)
- 21/04

1038

Lytes Panel 1 (Lytes,Cr,Glu-Rand) (Abnormal)
- 21/04

1038

ECG 12 lead



21/04 ● ondansetron HCl/PF 4 mg  
1045  
21/04 ● N-terminal pro B-type Natriuretic Peptide (NT-proBNP)  
1234  
21/04 ● Troponin I  
1234  
21/04 ● ECG 12 lead  
1235  
21/04 ● lidocaine HCl 15 mL  
1250  
21/04 ● magnesium hydroxide 30 mL  
1250  
21/04 ● 0.9 % sodium chloride 500 mL  
1250  
21/04 ● XR Chest 1 View  
1302  
21/04 ● ondansetron HCl/PF 4 mg  
1440  
21/04 ● Vitamin B12 (Abnormal)  
1447  
21/04 ● Troponin I  
1447  
21/04 ● Ringer's solution,lactated 500 mL  
2110  
21/04 ● pantoprazole 40 mg in sodium chloride 0.9% 90 mL IV 40 mg  
2138  
21/04 ● Blood culture, peripheral #1  
2227  
21/04 ● Blood culture, peripheral #2  
2227  
**22/04**  
22/04 ● Ringer's solution,lactated 500 mL  
0105  
22/04 ● XR Abdomen 1 View  
0115  
22/04 ● Complete Blood Cell Count (CBC) with Differential (Abnormal)  
0611  
22/04 ● Admitted (ED Boarder)  
0647



# AFTER VISIT SUMMARY

**Alastair McIntyre** MRN: 103847950  21/4/2025  St. Michael's Hospital - Emergency Department 416-864-5094  
For health concerns, contact your provider or Telehealth: 811. For emergencies, dial 911 immediately

## Instructions

Please follow-up with your family doctor regarding restratification for your heart. Please come back to the emerged apartment if you have any chest pain, shortness breath, palpitations, feeling dizzy, or if you are feeling unwell for any other reasons.

## What's Next

You currently have no upcoming appointments scheduled.

## Your Medication List

You have not been prescribed any medications.

## MyChart

MyChart allows you to view your test results, renew your prescriptions, schedule appointments, and more.

To sign up, go to **mychart.unityhealth.to** and click on the **Sign Up Now** link and enter your personal activation code

MyChart Activation Code: D4SW6-NN6RG-2FN2C  
Expires: 5/5/2025 3:59 PM



## Today's Visit

You were seen by Dr. Sara Gray, MD

### Reason for Visit

Chest Pain (Cardiac Features)

### Diagnosis

Gastroenteritis

### Lab Tests Completed

Complete Blood Cell Count (CBC) with Differential

Lipase

Liver Function Panel (ALP,ALT,TBIL)

Lytes Panel 1 (Lytes,Cr,Glu-Rand)

N-terminal pro B-type Natriuretic Peptide (NT-proBNP)

Protein, Total

Troponin I performed 3 times

### Imaging Tests

ECG 12 lead performed 2 times

XR Chest 1 View

### Medications Given

lidocaine 2 % viscous liquid 15 mL  
Last given at 12:50 PM

magnesium hydroxide 400 mg/5 mL  
suspension 30 mL Last given at 12:50 PM

ondansetron injection 4 mg Last given  
at 10:45 AM

ondansetron injection 4 mg Last given  
at 2:40 PM

sodium chloride 0.9 % bolus 500 mL



McIntyre, Alastair (MRN 103847950)

Encounter Date: 21/04/2025

**McIntyre, Alastair #103847950 (Acct:2000648328) (74  
y.o. M) (Adm: 21/04/25)**

**C34 (Ready for Discharge)**

Unity ED Imaging Orders (720h ago, onward)

None

### Imaging Results

XR Chest 1 View (Final result)

Result time 21/04/25 13:09:54

**Final result by Walter Hin Hua Mak, MD (21/04/25 13:09:54)**

#### Impression:

Pulmonary venous congestion without acute interstitial pulmonary edema.

#### Narrative:

\*FINAL REPORT\*

COMPARISON: None.

Borderline prominent cardiac silhouette. Atherosclerotic aortic calcifications. Mild vascular prominence without peribronchial cuffing is lines. Crowding of vascular structures in the lower lungs bilaterally. No consolidation. No pleural effusion or pneumothorax.