

Performance Overview for Natalya Kleyfeld on case Harvey Hoya

The following table summarizes your performance on each section of the case, whether you completed that section or not.



Time spent: 2hr 23min 40sec
Status: Submitted

Case Section	Status	Your Score	Time spent	Performance Details
Total Score		89%		
History	Done	100%	20min 20sec	44 questions asked, 12 correct, 0 missed relative to the case's list
Physical exams	Done	73%	27min 21sec	117 exams performed, 31 correct, 4 partially correct, 8 missed relative to the case's list, 0 harmful to patient
Key findings organization	Done		1min 22sec	15 findings listed; 11 listed by the case
Problem Statement	Done		8min 26sec	80 words long; the case's was 84 words
Diagnosis	Done	100%	12sec	
Management Plan	Done		34min 16sec	442 words long; the case's was 280 words
Exercises	Done	100% (of scored items only)	1min 47sec	1 of 1 correct (of scored items only)

Attempt: 3931809

Report generated on 6/1/2026, 11:20:01 PM America/New_York

History Notecard by Natalya Kleyfeld on case Harvey Hoya



Use this to collect your thoughts to develop a differential diagnosis list.

Step 1: Write symptoms (**Sx**) you have identified in the appropriate column and row.

Step 2: Characterize the symptoms using "**OLDCARTS**" (ie., **O**nset, **L**ocation, **C**haracteristics...etc) in the HPI section.

Step 3: Record your thoughts in the space labeled "**What this means**". Is the disease acute or chronic? Infectious or other?...

Timing/treatments

Hx Categories		Sx=	Sx=	Sx=	Sx=	Sx=	Sx=
CC	Provided						
	How can I help you?						
	Any other symptoms?						
HPI	Onset/events						
	Location						
	Duration						
	Characteristics						
	Aggravating						
	Relieving						
	Severity						
What this means							

Problem Statement by Natalya Kleyfeld on case Harvey Hoya



Harvey Hoya 57y/o overweight male working in construction, presents for high blood pressure evaluation after community health fair referral. Patient is a smoker with 37 pack years. Takes Ibuprofen for knee pain. Denies chest pain, shortness of breath or cough. Physical exam shows elevated BP in the left arm at 170/98 and fundoscopic finding of AV nicking. Family history of HTN, stroke and DM. Per patient was told his pressure was elevated in the past, however he never followed up.

Attempt: 3931809

Report generated on 6/1/2026, 11:20:01 PM America/New_York

Management Plan by Natalya Kleyfeld on case Harvey Hoya

Harvey Hoya 57y/o male presented with concerns of hypertension after referral from community health fair. Patient denies chest pain or shortness of breath. Reported a smoking a pack a day for 20 so years. Poor diet consisting of fast food and chips. Patient reported taking OTC omeprazole for heart burn and Ibuprofen for joint pain. NSAIDs have been linked to blood pressure increases and may make it more difficult to manage hypertension, especially in patients who already have cardiovascular risk factors (Ahsan & Sahu, 2025).

On exam patient alert and oriented x 4, overweigh, well groomed tired appering wiht blood pressure reading at 170/98 in the left arm. Fundoscopic findings of AV nicking are present and are consistent with chronic vascular changes associated with long-standing hypertension and support the diagnosis of primary hypertension with evidence of target-organ involvement (ESC, 2024).ECG showed normal sinus rhythm, HR or 75bpm. Blood workup CMC, CMP, TSH including UA within normal range indicating patient has primary (essential) hypertension.

According to current hypertension guidelines, adopting the DASH diet, quitting smoking, losing weight, and limiting sodium intake are all important components of managing hypertension and lowering cardiovascular risk (Charchar et al., 2024).

Plan: Lifestyle modifacaitons such as diet, exercise and smoking cesassion. Start patient on Lisinopril 10mg PO once daily, Hydrochlorothiazide 12.5mg PO once daily for (essential) Hypertension.

Referral to a diatician for dietary modification strategies. Community smoking cessation programs. Referral to an ophthalmologist for evaluation of hypertensive retinopathy.

Client Education: Self monitor blood pressure daily before taking medications to prevent medication induced hypotension. Smoking cessation. Encourage daily excercise. Avoid foods with excess salt, follow low sodium heart healthy diet. Caffeine and alcohol should be limited or avoided. Encourage to establish and follow up a primary care physician and follow up regularly.

Follow up in one month with the clinicians office for reassessment of hypertention to evaluate the effects of medication regimen. Seek immediate care if experiencing any chest pain, palpitations, dizziness or sudden intense headaches which could be a sign of hypertensive related complications.

References:

Charchar, F. J., Prestes, P. R., Mills, C., Ching, S. M., Neupane, D., Marques, F. Z., Sharman, J. E., Vogt, L., Burrell, L. M., Korostovtseva, L., Zec, M., Patil, M., Schultz, M. G., Wallen, M. P., Renna, N. F., Islam, S. M. S., Hiremath, S., Gyeltshen, T., Chia, Y. C., ... Tomaszewski, M. (2024). *Lifestyle management of hypertension: International Society of Hypertension position paper endorsed by the World Hypertension League and European Society of Hypertension. Journal of Hypertension, 42*(1), 23–49. <https://doi.org/10.1097/HJH.0000000000003563>

Ahsan, A., & Sahu, M. A. (2025). A literature review assessing whether the use of non-steroidal anti-inflammatory drugs (NSAIDs) increases the risk of cardiovascular events. *Cureus, 17*(9), e92361. <https://doi.org/10.7759/cureus.92361>

Electronic Health Record by Natalya Kleyfeld on case Harvey Hoya



History of Present Illness

Category	Data entered by Natalya Kleyfeld
Reason for Encounter	High blood pressure
History of present illness	Patient was told to follow up after community health fair stated blood pressure was high.

Past Medical History

Category	Data entered by Natalya Kleyfeld
Past Medical History	Gatritis, Torn ACL.
Hospitalizations / Surgeries	Right knee ACL repair

Medications

Category	Data entered by Natalya Kleyfeld
Medications	Omeprazole for Heart burn and Ibuprofen for knee pain

Allergies

Category	Data entered by Natalya Kleyfeld
Allergies	No known allergies

Preventive Health

Category	Data entered by Natalya Kleyfeld
Preventive health	Childhood immunizations, nothing since then, no influenza vaccine

Family History

Category	Data entered by Natalya Kleyfeld
Family History	Father died of stoke at 62, Mother has DM, Grandmother DM died at age 82, Grandgather(fathers side) passed away at the age of 52 from heart attack. Brother and Uncle have hypertension. Son 19y/o living in good health.

Social History

Category	Data entered by Natalya Kleyfeld
Social History	Patient smokes a pack a day since he was in his 20s, drinks alcohol on weekends. Denies recreational use. Diet consists of coffee in the am, fast food for lunch and TexMex for dinner, as well as chips.

Review of Systems

Category	Data entered by Natalya Kleyfeld
General	Denies fatigue. Does not follow up with physician regularly. reported age related weight gain.
Integumentary / Breast	Denies rashes
HEENT / Neck	Denies hearing loss, Wears OTC reading glasses, Denies problems with swallowing
Cardiovascular	Denies chest pain
Respiratory	Denies shortness of breath, Denies using multiple pillows for sleep to ease breathing, Denies awaking from coughing
Gastrointestinal	Denies nausea, vomiting, diarrhea or constipation. Expresses heart burn that is relieved with OTC Omeprazole
Genitourinary	Denies difficulty urinating.
Musculoskeletal	Knee pain relieved by Ibuprofen
Allergic / Immunologic	no known allergies, no vaccines since childhood
Endocrine	Denies frequent urination
Hematologic / Lymphatic	Denies bleeding or bruising easily
Neurologic	Denies tingling or numbness
Psychiatric	Denies feeling down, depressed or hopeless

Physical Exams

Category	Data entered by Natalya Kleyfeld
General	Alert and oriented x 4, well groomed, tired appearing. No obvious distress notes.
Skin	Skin intact, no rashes or lesions present
HEENT / Neck	Head: Normocephalic, no deformities. Facial features symmetric. maxillary and frontal sinuses are non-tender. Eyes: PERRLA, conjunctiva pink no discharge. Sclera white bilaterally. Visual acuity is 20/20 right eye, 20/20 left eye. Extraocular movements are intact. Prominent arteiovenous nicking bilateral fundi, some narrowing of vessels. Sharp disc margins without flame or dot hemorrhages. Nose: No obvious deformities or fractures. No discharge bilateral. Throat: Pharynx are without redness or swelling, Nodes mobile, non-tender, soft bilaterally. Thyroid without mobile masses, nodules of enlargement
Cardiovascular	S1, S2 present, regular heart rate and rhythm. No murmurs, gallops, or rubs. carotid arteries no buits on auscultation. PMI palpated at 5th ICS. JVP measures 2cm from the sternal angle with HOB at 30 degrees elevated.
Chest / Respiratory	Even fall and rise wiht respirations. Clear lungs bilaterally, no wheezes, rhonchi, rales/crackles. Upon percussion all lung fields are resonant.
Abdomen	Abdomen non-distended, soft without palapble massess or tenderness. Bowel sounds are normoactive in all four quadrants. Liver is 8cm at midclavicular line and spleen non palpable.
Genitourinary / Rectal	Inguinal lymph nodes are non-tender, not enlarged bilaterally
Musculoskeletal / Osteopathic Structural Examination	Full ROM of uppper extremeties in flexion, extension, lateral flexion and rotation bilaterally. Lower extremeties are without swellign or bruising. Active/Passive ROM intact without limitations, 5/5 strength bilaterally.
Neurologic	Alert and Oriented x 4
Psychiatric	Patient does not appear to be depressed or hopeless, had a sence of humor.
Lymphatic	Lymph nodes non-tender without enlargement