Independent Audit Addendum: Abdul Latif Al Heart Report

Purpose: strict verification of the AI-generated PDF against the available source scans. This addendum is for family organization and doctor handover only; it is not medical advice.

Documents checked: Abdul_Latif_Complete_Heart_Report.pdf; Scanned_20260717-2154.pdf pages 1-37; Scanned_20260717-2158.pdf pages 1-5; Scanned_20260717-2202.pdf pages 1-3; WhatsApp diet chart image dated 17/07/2026.

Overall Verdict

The report is mostly useful for family understanding, but it needs correction before being treated as a reliable doctor-handover summary. The key factual corrections are: unsupported HbA1c 8.2 conflict, PTCA catheter mix-up, cardiac-marker reference ranges not source-verifiable, and diet transcription errors.

Claim Audit Table

Claim in report	Source document says	Verdict
LMCA normal; LAD 80-85%; D-1 80-85%; LCX distal 100% with thrombus++; RCA mid 70-75%.	Coronary Angiogram Report: LMCA Normal; LAD proximal to mid 80-85%; D-1 ostio-proximal 80-85%; LCX distal 100%, thrombus++; RCA mid 70-75%. Also repeated in discharge summary.	Correct
Culprit vessel = LCX; primary PTCA + two DES to LCX.	Angiogram recommendation and discharge diagnosis state Primary PTCA + stenting to LCX (Two DES).	Correct
Right radial/wrist access.	Angiogram and PTCA reports both list Route: Right Radial Artery.	Correct
Procedure table: Access right radial artery, Tiger 5F.	Angiogram catheter: Tiger 5F. PTCA guiding catheter: EBU 3.5 (6F). The report mixes angiogram catheter with PTCA catheter.	Minor issue
Balloon pre-dilatation: Artimes 2.0 x 12 mm at 14 atm.	PTCA report says Artimes PTCA Balloon 2.0 x 12mm inflated upto 14atm.	Correct
Two Boston Scientific Promus PREMIER DES: 2.50 x 28 mm and 2.75 x 20 mm.	PTCA report and stent stickers show Boston Scientific Promus PREMIER, sizes 2.50 x 28mm and 2.75 x 20mm.	Correct
Stent positions: 2.50 x 28 mid-distal LCX and 2.75 x 20 proximal-mid LCX.	PTCA report says 2.50 x 28 deployed mid to distal; 2.75 x 20 deployed proximal to mid.	Correct
Troponin I >10, CK-MB >80, BNP 511.	Discharge summary lists Cardiac Panel: CKMB >80.0; TNI >10.0; BNP 511.	Correct
Marker normal ranges: Troponin I <0.02, CK-MB <4.3, BNP <100.	The readable source pages show values but not the standalone marker report/reference ranges. BNP <100 is a common general cut-off; Troponin/CK-MB ranges are assay-specific.	Minor issue
Creatinine 0.60, eGFR 107.	Lab report: creatinine 0.60 mg/dL, eGFR 107.13 ml/min/1.73m2.	Correct
Hb 13.2 mildly low; TLC 13,490 raised; platelets 241; INR 1.20.	Hematology/coagulation reports support Hb 13.2 low, TLC 13490 high, platelet 241, INR 1.20 high by lab flag but near-normal clinically.	Minor issue
Echo: LVEF 45%, concentric LVH, LCX territory severe hypokinesia, no chamber clot.	Echo/discharge summary support EF 45%, concentric LVH, RWMA positive, LCX territory severe hypokinetic; chamber thrombus options are crossed out/clear.	Correct
EF 45% is reduced but recoverable range; repeat echo 1-3 months.	EF 45% is mildly reduced. Recovery after MI is possible but not guaranteed; repeat echo is reasonable. Wording should say may recover, not imply certainty.	Minor issue
HbA1c conflict: 6.7% in discharge summary and 8.2% in other lab note.	Discharge summary shows HbA1c awaited with handwritten 6.7. I did not find/read a source page showing 8.2 in the provided scans.	Error
Ajaduo 25/5 = empagliflozin + linagliptin, diabetes medicine, before lunch.	Discharge schedule: Ajaduo 25/5, 0-1-0, before lunch. External medicine references support composition.	Correct
Ecosprin + Brilinta are dual antiplatelets and should not be stopped on own.	Discharge schedule lists Ecosprin 75 after lunch and Brilinta 90 morning/night. DAPT after DES is medically important; changes require cardiologist instruction.	Correct
Sorbitrate 5 under tongue only for chest pain.	Discharge schedule: Sorbitrate 5 mg, S/L 1 tab SOS if chest pain.	Correct
Angiwell 2.6 is long-acting nitrate morning + night.	Discharge: Angiwell 2.6, 1-0-1. External medicine references identify Angiwell as nitroglycerin/glyceryl trinitrate.	Correct
Monocef-O 200 antibiotic morning + night for 5 days.	Discharge: Monocef-O 200, 1-0-1, 5 days.	Correct
Diet chart was faithfully transcribed.	Diet image has errors/over-simplifications: breakfast roti is 1/30g and vegetable sandwich is 2/200g, not 1 bowl/120g; evening snack options have separate quantities (roasted chana 30g, sprouts 120g, biscuits 2/25g, suji toast 2/15g).	Error
Lunch: multigrain roti, dal, sabzi, dahi, salad.	Diet chart supports lunch with multigrain roti handwritten, dal 160g, sabzi 120g, dahi 120g, salad 150g. Roti row shows handwritten count and printed 90g.	Correct

Claim in report	Source document says	Verdict
Dinner: soup, multigrain roti, dal, sabzi, dahi, salad.	Diet chart supports dinner with soup 100ml, multigrain roti handwritten 2 No, dal 160g, sabzi 120g, dahi 120g, salad 150g.	Correct
Heart-Team/second opinion for diabetes + multivessel CAD + EF 45%.	Current ACC/AHA/SCAI and ESC diabetes guidance support Heart Team review for diabetes with multivessel CAD; CABG is often preferred in suitable diabetics with multivessel/LAD disease, while PCI may fit selected anatomy or surgical risk.	Correct
Red flags include chest pain, radiation, breathlessness, cold sweat, fainting, wrist bleeding/swelling, black stools/vomit blood, severe sugar extremes.	Discharge says urgent care for fever, chest pain, dyspnoea, uneasiness, SOB. AHA warning lists add jaw/arm/back/stomach discomfort, nausea, lightheadedness, cold sweat. DAPT bleeding warnings are appropriate.	Minor issue
EHCC hospital facts/contact/distance.	Not from hospital source documents. Official Eternal Hospital pages support OPD number/address; one current contact page lists direct number 0141-4954000 while the report lists board 0141-5174000.	Minor issue

Most Important Corrections

1. Remove or qualify the HbA1c 8.2 claim. In the provided scans I found 6.7 handwritten on the discharge summary, but no readable source showing 8.2. Correct wording: "HbA1c appears handwritten as 6.7; obtain the official printed HbA1c report."

2. Fix procedure catheter detail: angiogram used Tiger 5F; PTCA guiding catheter was EBU 3.5 (6F).

3. Fix diet table transcription, especially breakfast and evening snack quantities.

4. Marker values are supported, but marker normal ranges were not visible in the source scan set; label them as general/lab-dependent unless the original marker report is found.

5. Soften EF language: 45% is mildly reduced and may improve after MI, but recovery is not guaranteed.

Plain Medical Picture for Family

Heart artery "pipe"	What happened	Family meaning
LCX	100% blocked with thrombus; opened with two drug-eluting stents.	This was the heart-attack artery. The stents are like tiny metal springs holding the pipe open.
LAD and D-1	Each 80-85% narrowed.	Important remaining narrowings. Doctor must decide staged stents vs bypass vs medicines.
RCA	70-75% narrowed.	Also needs review, especially because diabetes changes the long-term strategy.
EF 45%	Pump strength is below normal after the attack.	Think of the pump working at reduced strength. It may improve after healing, medicines, and restored blood flow; repeat echo checks this.
Aspirin + Brilinta	Dual antiplatelet therapy after stents.	These help prevent clot inside the new stents. Do not stop unless cardiologist says so.

Corrected Diet Plan From Dietician Chart

Time	Food options	Quantity / amount
6:30 AM	Tea without sugar + biscuits	Tea 1 cup/100 ml + biscuits 2/25 g
8:30 AM	Choose one: upma, poha, dalia, oats, cornflakes, roti, vegetable sandwich; plus milk without sugar	Upma/poha/dalia/oats/cornflakes: 1 bowl/120 g. Roti: 1/30 g. Vegetable sandwich: 2/200 g. Milk: 1 glass/200 ml
11:30 AM	Milk without sugar OR chaas OR lemon water without sugar + fruit	Drink 1 glass/200 ml + fruit 1/150 g
1:30 PM	Multigrain roti + dal + sabzi + dahi + salad	Roti handwritten count; printed amount 90 g. Dal 1 bowl/160 g; sabzi 1 bowl/120 g; dahi 1 bowl/120 g; salad 1 bowl/150 g
3:30 PM	Tea/milk/coffee/chaas/lemon water without sugar + one snack option	Tea/coffee 1 cup/100 ml OR milk/chaas/lemon water 1 glass/200 ml. Snack: roasted chana 1 bowl/30 g OR sprouts 1 bowl/120 g OR biscuits 2/25 g OR suji toast 2/15 g
8:00 PM	Soup + multigrain roti + dal + sabzi + dahi + salad	Soup 1 cup/100 ml; roti handwritten 2 No with printed amount 90 g; dal 160 g; sabzi 120 g; dahi 120 g; salad 150 g
10:00 PM	Milk without sugar + biscuits	Milk 1 glass/200 ml + biscuits 2/15 g

Family rule: keep drinks sugar-free, use low oil and low salt, avoid fried/pickled/salty foods unless the dietician says otherwise, and carry the home sugar/BP diary to follow-up.

Emergency Advice Check

Appropriate and should stay in the report: chest pain/heaviness lasting more than a few minutes, pain going to arm/jaw/back/stomach, sudden breathlessness, cold sweat, fainting/severe dizziness, new rapid/irregular heartbeat, bleeding/swelling at wrist site, black stools, blood in vomit, and severe sugar symptoms. If symptoms suggest heart attack, call local emergency help and go to hospital immediately.

Guideline Notes Used for Clinical Reasoning

ACC/AHA/SCAI 2021 coronary revascularization guideline: Heart Team approach is recommended where strategy is unclear; in diabetes with multivessel CAD, Heart Team review is emphasized and CABG is preferred in suitable diabetics with multivessel CAD involving LAD.

ESC 2023 diabetes cardiovascular guideline: in diabetes with multivessel disease, CABG with arterial grafts is generally preferred over complex PCI when patient factors permit; PCI is acceptable in less extensive/less complex disease.

External links: https://www.jacc.org/doi/10.1016/j.jacc.2021.09.006 ;
https://academic.oup.com/eurheartj/article/44/39/4043/7238227 ;
https://www.heart.org/en/health-topics/heart-attack/warning-signs-of-a-heart-attack ;
https://www.heart.org/en/health-topics/heart-attack/treatment-of-a-heart-attack/cardiac-medications