



INTEGRATIVE
CARE NAVIGATORS

YOUR INTEGRATIVE CARE REVIEW

Prepared For: Client Name

May 12th, 2026

Integrative Care Navigators

Root-Cause, Whole-Person Care Coordination

TABLE OF CONTENTS

01 CLIENT OVERVIEW



02 CLIENT GOALS



03 HEALTH SUMMARY



04 HEALTH TIMELINE



05 LAB TRENDS



06 CURRENT MEDICATIONS, SUPPLEMENTS, & TREATMENTS



07 CURRENT CARE TEAM



08 KEY FINDINGS & INSIGHTS



09 CONTACT & SUPPORT



10 DISCLAIMER



CLIENT OVERVIEW

Patient Name: Client Name

Age: 82

Date of Birth: 11/04/1946

Diagnoses High Blood Pressure, High Cholesterol, AFib, Bilateral Knee Osteoarthritis, Osteopenia, Hypothyroidism, Prediabetes, Anxiety

Primary Caregiver: Client Name

Emergency Contact: Client Daughter - 555-555-5555

CLIENT GOALS

Primary Health Concerns & Symptoms:

- Anxiety
- High blood pressure
- Afib & stroke risk
- Knee pain
- Joint/muscle soreness
- Sinus congestion

Health Goals:

- Lose 70 lbs.
- Regulate blood pressure, blood sugar, cholesterol, and any other lab imbalances
- Eliminate knee pain through knee replacement surgery
- Improve mobility and decrease stiffness
- Eliminate medication side effects
- Decrease dizziness and exhaustion
- Prevent future heart and stroke health issues
- Prevent the recurrence of breast cancer
- Prevent osteoporosis
- Identify root cause health issues
- Reduce anxiety

HEALTH SUMMARY

Key Highlights:

- Elderly postmenopausal woman with complex chronic medical history and significant functional limitation from musculoskeletal disease, but remains independent in basic ADLs.
- History of right breast invasive ductal carcinoma (ER+, PR-, HER2+) diagnosed in 2016. Treated with central segmental mastectomy, negative sentinel node biopsy, chemotherapy, and extended aromatase inhibitor therapy (anastrozole then letrozole through March 2024). Declined radiation therapy.
- Ongoing breast cancer surveillance with annual mammography, ultrasound/MRI as indicated, and tumor markers has shown no evidence of recurrence; only postsurgical changes/fat necrosis noted.
- Longstanding osteopenia involving lumbar spine and left femoral neck, likely worsened by aromatase inhibitor therapy. Sustained osteopenic right fifth metatarsal fracture in 2025, treated conservatively. No vertebral fragility fractures documented.
- Cardiovascular history includes poorly controlled hypertension, hyperlipidemia, obesity (BMI ~36-39), mild aortic stenosis, mild mitral/tricuspid regurgitation, mild pulmonary hypertension, and preserved LVEF (~60-65%).
- Progressive arrhythmia history with PACs/SVT evolving into paroxysmal atrial fibrillation with recurrent admissions in 2025-2026 and cardioembolic left corona radiata stroke in April 2026.
- Endocrine/metabolic conditions include hypothyroidism on levothyroxine, prediabetes (A1c ~6.5%), and hypercholesterolemia.
- Severe chronic osteoarthritis with end-stage bilateral knee degenerative joint disease, lumbar spondylosis/stenosis, and sacroiliac osteoarthritis. Managed with NSAIDs, topical agents, corticosteroid and Euflexxa injections, physical therapy, cane/scooter use, and consideration of knee arthroplasty or low-dose radiotherapy.
- Additional history includes anxiety, chronic mild anemia, diverticulosis with prior rectal bleeding, uterine fibroids, right inguinal hernia, benign liver lesions, mild asthma, cataracts, recurrent sinusitis/URIs, pulmonary granuloma, and thyroid nodule under surveillance.
- Allergies: penicillins (rash), codeine (GI intolerance/vomiting), sulfonamide antibiotics/Bactrim (nausea).

HEALTH TIMELINE

Timeline Breakdown:

- **04/2026** - Hospitalized for atrial fibrillation with rapid ventricular response, severe hypertension, dizziness, and headaches; MRI revealed small left corona radiata ischemic stroke. Started on apixaban, high-dose metoprolol, losartan, furosemide, and atorvastatin.
- **04/2026** - Orthopedic evaluation confirmed end-stage bilateral varus knee osteoarthritis with severe functional limitation; total knee arthroplasty discussed, low-dose radiotherapy considered.
- **03-04/2026** - Recurrent sinusitis/URI symptoms treated with antibiotics and fluticasone; viral testing negative.
- **08-09/2025** - Stress test negative for ischemia; echocardiogram showed preserved EF, mild aortic stenosis, mild mitral/tricuspid regurgitation, and mild pulmonary hypertension. Persistent hypertension and edema managed medically.
- **05-08/2025** - Sustained osteopenic right fifth metatarsal fracture after fall; treated conservatively with CAM boot, cane, and protected weight bearing with gradual healing on follow-up imaging.
- **05/2025** - Hospitalized for new-onset paroxysmal atrial fibrillation with dyspnea and edema; anticoagulation recommended but initially deferred due to fall/fracture risk.
- **03/2025** - Medicare wellness visit documented uncontrolled hypertension, obesity, and prediabetes (A1c 6.5%).
- **2023-2025** - Progressive severe bilateral knee osteoarthritis requiring repeated steroid/Euflexxa injections, cane and scooter use, PT, NSAIDs, and pain management.
- **04-05/2024** - Left knee twisting injury with worsening osteoarthritis symptoms; treated with Kenalog injection, brace, rest, and orthopedic follow-up.
- **03/2024** - Completed long-term aromatase inhibitor therapy (anastrozole/letrozole) for breast cancer.
- **2020-2021** - Evaluated for right breast scar-adjacent nodule; biopsy confirmed benign fat necrosis/fibrosis with stable follow-up imaging.
- **2017-2021** - Annual mammograms and surveillance imaging showed stable postoperative changes with no evidence of breast cancer recurrence.
- **10/2017** - Chemotherapy port removed after completion of HER2-directed chemotherapy; tumor markers remained normal.

This timeline highlights key events influencing current health decisions and care planning.

HEALTH TIMELINE, CONTINUED

Timeline Breakdown:

- **2016-2017** - Serial echocardiograms showed preserved EF with evolving pulmonary hypertension and tricuspid regurgitation; pulmonary workup negative for PE.
- **06/2016** - Left internal jugular SmartPort placed for chemotherapy after prior port malposition.
- **03/2016** - Underwent right central segmental mastectomy with sentinel node biopsy for ER+/PR-/HER2+ invasive ductal carcinoma; nodes negative (0/4).
- **02/2016** - Diagnosed with high-grade right breast invasive ductal carcinoma with dermal involvement after biopsy, mammography, ultrasound, and MRI.
- **2011-2019** - Serial DXA scans demonstrated persistent osteopenia of lumbar spine and femoral neck; managed with calcium, vitamin D, and exercise counseling.
- **03/2007** - Screening mammogram showed benign postoperative changes of right breast (BI-RADS 2).

This timeline highlights key events influencing current health decisions and care planning.

LAB TRENDS

Lab	Insights & Trends
Glucose & HbA1c	Continual increase in blood sugar through the years without treatment
Total & LDL Cholesterol	Historical lab findings indicate borderline elevated cholesterol levels
TSH	Historical lab findings indicate hypothyroidism but more recent labs suggest normal thyroid function
Electrolytes	Monitoring electrolytes for imbalances because of diuretic blood pressure medication

CURRENT MEDICATIONS, SUPPLEMENTS, & TREATMENTS

Therapy	Purpose	Dosage	Prescriber	Notes
Lasix	Blood Pressure	20mg	Dr. Steven Hussein	4/18/26
Losartan	Blood Pressure	50mg	Dr. Steven Hussein	-
Metoprolol	Blood Pressure	100mg twice daily	Dr. Steven Hussein	-
Eliquis	Blood Thinner	5mg twice daily	Dr. Steven Hussein	4/18/26
Atorvastatin	Cholesterol	40mg	Dr. Steven Hussein	4/18/26
Xanax	Anxiety	.75 as needed	Dr. Robert Crossey	20+ Years

YOUR CURRENT CARE TEAM

Provider's Name	Specialty or Credentials	What hospital or care facility are they associated with?
Dr. Marielle Williamson-Rea	PCP	Direct Care Physicians of Pittsburgh
Dr. Steven Hussein	Cardiologist	AHN
Mark Mastrianno	Physical Therapist	AHN
Dr. Alan Wilson	Orthopedist	UPMC
Dr. Dhaval Mehta	Oncologist	UPMC
Brian Dubyak	Your Personal Navigator	Integrative Care Navigators

KEY FINDINGS & INSIGHTS

What Stands Out:

- Elevated glucose above 120+ for 10 years and HbA1c of 6.5% with no formal Diabetes diagnosis
- Inconsistent TSH thyroid hormone lab monitoring. Fluctuates between normal and subclinical hypothyroidism
- Disagreement between PCP and Cardiologist on statin medication therapy
- Uncontrolled stage II hypertension prior to Lasix and Eliquis medications
- Noticeable increase in exhaustion, fatigue, and muscle pain since new medication prescriptions in April 2026
- Lack of autoimmune lab biomarker testing with family history of autoimmune disease
- Lack of homocysteine lab biomarker testing with recent stroke risk
- Lack of vitamin B12, vitamin D, and iron lab biomarker testing with recent heart health, tingling sensation, and fatigue symptoms
- No follow up mammogram or cancer lab biomarker screening since 2021

Key Questions for Providers:

- Should I get a comprehensive lab script which includes CBC w/ Diff, CMP, Lipids, NMR, hs-CRP, Homocysteine, Lp-PLA2, Lp(a), Fibrinogen, Insulin, HbA1c, Cortisol, TSH, T3-Free, T4-Free, TPO, Thyroglobulin Antibodies, ANA, Vitamin D, Vitamin B12, CEA
- If my glucose has been historically elevated and HbA1c at 6.5%, should I be diagnosed with Diabetes?
- If I'm diagnosed with Diabetes, would Mounjaro be appropriate for me since it decreases blood sugar, improves weight loss, decreases obesity-related knee pain, and decreases recurrent stroke risk?
- Could my recent exhaustion be associated with Eliquis-related exhaustion side effects, muscle pain from statin medication therapy, and dizziness from electrolyte imbalances caused by the diuretics?
- Should I get pharmacogenetic testing to analyze how my genes affect my body's response to medications since I'm highly sensitive to medications?
- Should I schedule a mammogram since I haven't had a mammogram in 5 years and was treated for breast cancer in 2016?
- Should I schedule a DEXA scan since I've been previously diagnosed with osteopenia?

CONTACT & SUPPORT



Support@integrativecare Navigators.com



412-455-8157

We're here to support you every step of the way.



DISCLAIMER

This report is intended for care coordination and informational purposes only. It does not replace medical advice or consultation with licensed healthcare providers.



INTEGRATIVE
CARE NAVIGATORS