

# Archdiocese of St. Louis The Reclamation Center Item Catalog

Category	Viaticum Case
----------	---------------

**Identification** 2172

Category	Viaticum Case
----------	---------------

Description	Viaticum Case
<p>1. <b>Initial Assessment:</b> The patient is a 65-year-old male with a long history of hypertension and hyperlipidemia. He reports a recent onset of chest pain, described as a heavy, squeezing sensation, lasting approximately 15 minutes. The pain is not relieved by rest or over-the-counter pain medication.</p> <p>2. <b>History of Present Illness:</b> The patient's symptoms began while he was walking briskly in the park. He initially dismissed the pain as indigestion but became increasingly concerned as the discomfort persisted and worsened. He stopped walking and called for help.</p> <p>3. <b>Physical Examination:</b> Upon arrival at the emergency department, the patient appears pale and diaphoretic. His vital signs are: heart rate 110 bpm, blood pressure 180/100 mmHg, respiratory rate 20 breaths per minute, and oxygen saturation 92% on room air. The physical exam reveals clear lungs, a regular but rapid pulse, and no murmurs or rubs.</p> <p>4. <b>Diagnostic Findings:</b> An electrocardiogram (ECG) shows ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3, consistent with an inferior wall myocardial infarction. Blood tests show elevated troponin levels and a slightly elevated creatinine.</p> <p>5. <b>Management:</b> The patient was immediately administered aspirin, nitroglycerin, and morphine for pain relief. He was then transferred to the cardiac catheterization laboratory for a percutaneous coronary intervention (PCI), where a stent was successfully placed in the blocked artery.</p> <p>6. <b>Discharge and Follow-up:</b> The patient was discharged on a regimen of aspirin, statins, and beta-blockers. He was scheduled for a follow-up appointment with his cardiologist in two weeks and advised to avoid strenuous activities.</p>	<p>1. <b>Initial Assessment:</b> The patient is a 65-year-old male with a long history of hypertension and hyperlipidemia. He reports a recent onset of chest pain, described as a heavy, squeezing sensation, lasting approximately 15 minutes. The pain is not relieved by rest or over-the-counter pain medication.</p> <p>2. <b>History of Present Illness:</b> The patient's symptoms began while he was walking briskly in the park. He initially dismissed the pain as indigestion but became increasingly concerned as the discomfort persisted and worsened. He stopped walking and called for help.</p> <p>3. <b>Physical Examination:</b> Upon arrival at the emergency department, the patient appears pale and diaphoretic. His vital signs are: heart rate 110 bpm, blood pressure 180/100 mmHg, respiratory rate 20 breaths per minute, and oxygen saturation 92% on room air. The physical exam reveals clear lungs, a regular but rapid pulse, and no murmurs or rubs.</p> <p>4. <b>Diagnostic Findings:</b> An electrocardiogram (ECG) shows ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3, consistent with an inferior wall myocardial infarction. Blood tests show elevated troponin levels and a slightly elevated creatinine.</p> <p>5. <b>Management:</b> The patient was immediately administered aspirin, nitroglycerin, and morphine for pain relief. He was then transferred to the cardiac catheterization laboratory for a percutaneous coronary intervention (PCI), where a stent was successfully placed in the blocked artery.</p> <p>6. <b>Discharge and Follow-up:</b> The patient was discharged on a regimen of aspirin, statins, and beta-blockers. He was scheduled for a follow-up appointment with his cardiologist in two weeks and advised to avoid strenuous activities.</p>

Size

## Material

**Color** Black

### Condition 8

*Lowest to Highest (1= poor, 10 = Excellent)*



*Free will donation, commensurate to fair market value*

**Identification** 2272

Category	Viaticum Case
----------	---------------

Description	Viaticum Case
<p>1. <b>Initial Assessment:</b> The patient is a 65-year-old male with a long history of hypertension and hyperlipidemia. He has been experiencing chest pain and shortness of breath for the past few days.</p> <p>2. <b>Physical Examination:</b> The patient appears pale and is in mild distress. Vital signs are stable, but there is a slight increase in heart rate and blood pressure.</p> <p>3. <b>Diagnostic Tests:</b> A chest X-ray shows mild pulmonary congestion. A CT scan of the chest reveals a small, well-defined nodule in the right lung.</p> <p>4. <b>Medical History:</b> The patient has a history of smoking for 30 years and has been a heavy drinker. He has no known allergies.</p> <p>5. <b>Current Medications:</b> The patient is currently taking aspirin, statins, and beta-blockers for his chronic conditions.</p> <p>6. <b>Family History:</b> There is a family history of heart disease and lung cancer.</p> <p>7. <b>Social History:</b> The patient is a retired construction worker and has been a member of a local church for many years.</p> <p>8. <b>Psychological Assessment:</b> The patient is anxious and concerned about his health. He has a strong belief in the power of prayer and faith.</p> <p>9. <b>Conclusion:</b> The patient's symptoms are consistent with a possible lung nodule. Further investigation, including a biopsy and a PET scan, is recommended to determine the nature of the nodule.</p>	<p>1. <b>Initial Assessment:</b> The patient is a 65-year-old male with a long history of hypertension and hyperlipidemia. He has been experiencing chest pain and shortness of breath for the past few days.</p> <p>2. <b>Physical Examination:</b> The patient appears pale and is in mild distress. Vital signs are stable, but there is a slight increase in heart rate and blood pressure.</p> <p>3. <b>Diagnostic Tests:</b> A chest X-ray shows mild pulmonary congestion. A CT scan of the chest reveals a small, well-defined nodule in the right lung.</p> <p>4. <b>Medical History:</b> The patient has a history of smoking for 30 years and has been a heavy drinker. He has no known allergies.</p> <p>5. <b>Current Medications:</b> The patient is currently taking aspirin, statins, and beta-blockers for his chronic conditions.</p> <p>6. <b>Family History:</b> There is a family history of heart disease and lung cancer.</p> <p>7. <b>Social History:</b> The patient is a retired construction worker and has been a member of a local church for many years.</p> <p>8. <b>Psychological Assessment:</b> The patient is anxious and concerned about his health. He has a strong belief in the power of prayer and faith.</p> <p>9. <b>Conclusion:</b> The patient's symptoms are consistent with a possible lung nodule. Further investigation, including a biopsy and a PET scan, is recommended to determine the nature of the nodule.</p>

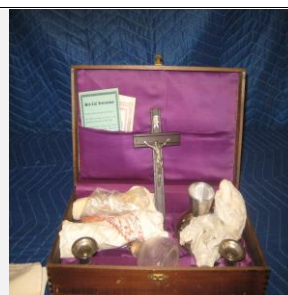
Size

## Material

### Color

### Condition 7

*Lowest to Highest (1= poor, 10 = Excellent)*



*Free will donation, commensurate to fair market value*

**Identification** 2614

Category	Viaticum Case
----------	---------------

Description	Viaticum Case
<p> <b>Case Description:</b> A 65-year-old male with a long history of hypertension and hyperlipidemia presented to the emergency department with severe chest pain and shortness of breath. The patient was found by his wife at home, unable to get up. He had been taking his medications as prescribed. </p> <p> <b>History of Present Illness:</b> The patient reported a sudden onset of severe, crushing chest pain that radiated to his left arm and jaw. He also experienced shortness of breath and a feeling of lightheadedness. He called 911 and was transported to the hospital. </p> <p> <b>Physical Examination:</b> On arrival, the patient was in moderate distress. His vital signs were: heart rate 110 bpm, blood pressure 180/100 mmHg, respiratory rate 22 breaths per minute, and oxygen saturation 92% on 2L of oxygen. Physical examination revealed clear lungs, a regular but rapid heart rate, and no murmurs. </p> <p> <b>Investigations:</b> An electrocardiogram (ECG) showed ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3, consistent with an anterior wall myocardial infarction. Blood tests showed elevated troponin levels and a slightly elevated creatinine. </p> <p> <b>Diagnosis:</b> The patient was diagnosed with an acute anterior wall myocardial infarction. </p> <p> <b>Treatment:</b> The patient received aspirin, a P2Y12 inhibitor, a beta-blocker, and a statin. He was also given morphine for pain relief. He was transferred to the cardiac catheterization laboratory for a percutaneous coronary intervention (PCI). </p> <p> <b>Outcome:</b> The PCI was successful, with the culprit lesion being dilated. The patient was discharged on a regimen of aspirin, a P2Y12 inhibitor, a beta-blocker, and a statin. He was scheduled for a follow-up appointment with his primary care physician. </p>	<p> <b>Case Description:</b> A 65-year-old male with a long history of hypertension and hyperlipidemia presented to the emergency department with severe chest pain and shortness of breath. The patient was found by his wife at home, unable to get up. He had been taking his medications as prescribed. </p> <p> <b>History of Present Illness:</b> The patient reported a sudden onset of severe, crushing chest pain that radiated to his left arm and jaw. He also experienced shortness of breath and a feeling of lightheadedness. He called 911 and was transported to the hospital. </p> <p> <b>Physical Examination:</b> On arrival, the patient was in moderate distress. His vital signs were: heart rate 110 bpm, blood pressure 180/100 mmHg, respiratory rate 22 breaths per minute, and oxygen saturation 92% on 2L of oxygen. Physical examination revealed clear lungs, a regular but rapid heart rate, and no murmurs. </p> <p> <b>Investigations:</b> An electrocardiogram (ECG) showed ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3, consistent with an anterior wall myocardial infarction. Blood tests showed elevated troponin levels and a slightly elevated creatinine. </p> <p> <b>Diagnosis:</b> The patient was diagnosed with an acute anterior wall myocardial infarction. </p> <p> <b>Treatment:</b> The patient received aspirin, a P2Y12 inhibitor, a beta-blocker, and a statin. He was also given morphine for pain relief. He was transferred to the cardiac catheterization laboratory for a percutaneous coronary intervention (PCI). </p> <p> <b>Outcome:</b> The PCI was successful, with the culprit lesion being dilated. The patient was discharged on a regimen of aspirin, a P2Y12 inhibitor, a beta-blocker, and a statin. He was scheduled for a follow-up appointment with his primary care physician. </p>

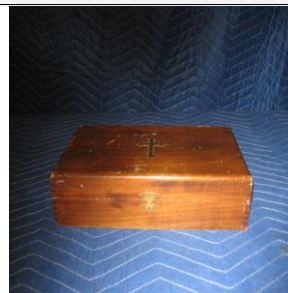
## Size

<b>Material</b>	Metal/Wood
-----------------	------------

Color	Mixed Color
Blue	Blue + Yellow = Green
Yellow	Yellow + Red = Orange
Red	Red + Blue = Purple
Green	Green + Red = Brown
Orange	Orange + Blue = Grey
Purple	Purple + Yellow = White

### Condition 8

*Lowest to Highest (1= poor, 10 = Excellent)*



*Free will donation, commensurate to fair market value*

**Identification** 3249

Category	Viaticum Case
----------	---------------

Description	Viaticum Case
<p><b>Case Description:</b> A 65-year-old male patient with a long history of hypertension and hyperlipidemia presented to the emergency department with acute chest pain and shortness of breath. The patient reported a sudden onset of symptoms while at rest. Physical examination revealed tachycardia, elevated jugular venous pressure, and bilateral crackles in the lungs. Initial vital signs were: heart rate 110 bpm, blood pressure 180/100 mmHg, respiratory rate 22 breaths per minute, and oxygen saturation 92% on room air.</p> <p><b>Diagnosis:</b> The patient was diagnosed with an acute myocardial infarction (MI) and acute decompensated heart failure (ADHF). The diagnosis was based on the patient's symptoms, physical examination findings, and initial laboratory and imaging studies.</p> <p><b>Management:</b> The patient was immediately transferred to the cardiac catheterization laboratory for percutaneous coronary intervention (PCI). Upon arrival, the interventional cardiologist performed a coronary angiogram, which revealed a significant stenosis in the anterior descending artery. A drug-coated balloon (DCB) was successfully deployed across the lesion, and the patient was discharged on dual antiplatelet therapy (aspirin and clopidogrel) and beta-blocker therapy.</p> <p><b>Outcome:</b> The patient was discharged home on day 3, with a significant improvement in symptoms and vital signs. He was scheduled for a follow-up appointment with his primary care physician in two weeks.</p>	<p><b>Case Description:</b> A 65-year-old male patient with a long history of hypertension and hyperlipidemia presented to the emergency department with acute chest pain and shortness of breath. The patient reported a sudden onset of symptoms while at rest. Physical examination revealed tachycardia, elevated jugular venous pressure, and bilateral crackles in the lungs. Initial vital signs were: heart rate 110 bpm, blood pressure 180/100 mmHg, respiratory rate 22 breaths per minute, and oxygen saturation 92% on room air.</p> <p><b>Diagnosis:</b> The patient was diagnosed with an acute myocardial infarction (MI) and acute decompensated heart failure (ADHF). The diagnosis was based on the patient's symptoms, physical examination findings, and initial laboratory and imaging studies.</p> <p><b>Management:</b> The patient was immediately transferred to the cardiac catheterization laboratory for percutaneous coronary intervention (PCI). Upon arrival, the interventional cardiologist performed a coronary angiogram, which revealed a significant stenosis in the anterior descending artery. A drug-coated balloon (DCB) was successfully deployed across the lesion, and the patient was discharged on dual antiplatelet therapy (aspirin and clopidogrel) and beta-blocker therapy.</p> <p><b>Outcome:</b> The patient was discharged home on day 3, with a significant improvement in symptoms and vital signs. He was scheduled for a follow-up appointment with his primary care physician in two weeks.</p>

Size

## Material

**Color** Black

### Condition 5

*Lowest to Highest (1= poor, 10 = Excellent)*



*Free will donation, commensurate to fair market value*

WE THANK YOU FOR YOUR GENEROSITY

Donations can be made payable to: RECLAMATION CENTER Mail Stop 100700 P.O. Box 953745 St. Louis, Mo. 63195-3745

5/1/2024

Page 1 of 3

**Identification** 4200  
**Category** Viaticum Case  
**Description** Viaticum Case  
**Size** 10 1/2" x 11"  
**Material** Wood  
**Color** Brown  
**Condition** 3 *Lowest to Highest (1= poor, 10 = Excellent)*



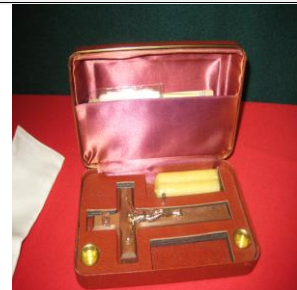
*Free will donation, commensurate to fair market value*

**Identification** 4988  
**Category** Viaticum Case  
**Description** Viaticum Case  
**Size**  
**Material**  
**Color**  
**Condition** 8 *Lowest to Highest (1= poor, 10 = Excellent)*



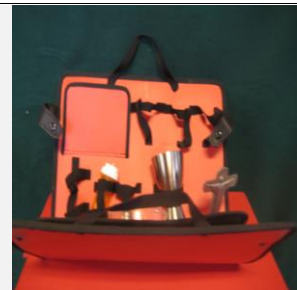
*Free will donation, commensurate to fair market value*

**Identification** 4989  
**Category** Viaticum Case  
**Description** Viaticum Case  
**Size**  
**Material**  
**Color**  
**Condition** 10 *Lowest to Highest (1= poor, 10 = Excellent)*



*Free will donation, commensurate to fair market value*

**Identification** 5123  
**Category** Viaticum Case  
**Description** Viaticum Case  
**Size**  
**Material**  
**Color**  
**Condition** 8 *Lowest to Highest (1= poor, 10 = Excellent)*



*Free will donation, commensurate to fair market value*

WE THANK YOU FOR YOUR GENEROSITY

Donations can be made payable to: RECLAMATION CENTER Mail Stop 100700 P.O. Box 953745 St. Louis, Mo. 63195-3745

5/1/2024

Page 2 of 3

**Identification** 5230  
**Category** Viaticum Case  
**Description** Viaticum Case  
**Size**  
**Material** Wood  
**Color** Brown  
**Condition** 9 *Lowest to Highest (1= poor, 10 = Excellent)*



*Free will donation, commensurate to fair market value*

**Identification** 5378  
**Category** Viaticum Case  
**Description** Viaticum Case  
**Size** 10 1/2" x 11 1/2"  
**Material**  
**Color** Brown  
**Condition** 6 *Lowest to Highest (1= poor, 10 = Excellent)*



*Free will donation, commensurate to fair market value*

**Identification** 5385  
**Category** Viaticum Case  
**Description** Viaticum Case  
**Size**  
**Material**  
**Color**  
**Condition** 7 *Lowest to Highest (1= poor, 10 = Excellent)*



*Free will donation, commensurate to fair market value*

**Identification** 5597  
**Category** Viaticum Case  
**Description** Viaticum Case  
**Size**  
**Material** Wood  
**Color** Brown  
**Condition** 8 *Lowest to Highest (1= poor, 10 = Excellent)*



*Free will donation, commensurate to fair market value*

WE THANK YOU FOR YOUR GENEROSITY

Donations can be made payable to: RECLAMATION CENTER Mail Stop 100700 P.O. Box 953745 St. Louis, Mo. 63195-3745

5/1/2024

Page 3 of 3