Instructions Overview After making your observations of the patient this week, and after reading about and researching the conditions covered in this module, you will now put it all together in a report. You should spend approximately 6 hours on this assignment. Submit your assignment here. Detailed instructions for this assignment are found in the Module 2 Assignment: Research and Report section of this module. Instructions In at least 750 words, or 3 double-spaced pages, prepare a case report that addresses the following: Based on the case study provided, respond to the following questions: Mention the symptoms and signs you found in this patient. Did you find any remarkable detail in the personal and social history of our patient that can help to make the diagnosis? What is a silent myocardial infarction, and why did it happen to this patient? What results do you expect to find in the tests ordered? What are some differential diagnoses? What are some complications of myocardial infarction? The patient suffers from silent myocardial infarction, but there are other types of heart diseases. Consider these questions: Describe the heart valvular disorders and how they can produce cardiac failure. What is endocarditis, and what are the most common causes? How many types of shocks are there? Explain them. As a lifetime smoker, the patient is at risk of several respiratory disorders. Consider these questions: What is COPD? What are the three most common diseases that produce a COPD? What are their causes? What is asthma? Explain the origin of its symptoms. What is a pneumothorax? What are its symptoms and signs, and what are its causes? All references must be cited using APA Style format. Please refer to the CCCOnline APA Citation Toolkit. Submit your paper to the Module 2 Assignment: Research and Report assignment folder. Below is the case study we working on Case Study Woman Personal Information Name: Mrs. Paula Johnson Age: 65 years old Gender: Female Description Mrs. Paula Johnson is a 65-year-old white woman with a previous history of a sedentary lifestyle, hypertension, hypercholesterolemia, and diabetes mellitus type II. She is a heavy smoker since she was 20 years old. She was brought to the emergency room because her family found her unresponsive on the floor. She was diaphoretic. Her family thought she had her diabetes decompensated. Mrs. Johnson’s daughter indicated her mother was complaining of nausea and epigastric pain the day before. Also, her blood pressure was high. On the physical examination we found: Remarkable Signs on Physical Exam by Regions Chest: Palpitation Remarkable Signs on Physical Exam by Systems Integumentary system: Profuse diaphoresis, coldness, and pallor Respiratory system: Tachypnea Cardiovascular system: Weak pulse, tachycardia, and hypotension Nervous system: Unconsciousness. No other neurologic signs. Lab Tests Complete blood count (CBC) Cardiac enzymes Glucose level Lipid panel EKG Cardiac catheterization Diagnosis Silent myocardial infarction Other Diagnoses Essential hypertension Dyslipidemia Diabetes mellitus Supporting Material Mrs. Johnson has been diagnosed with silent myocardial infarction. As we learned last module, the first step in pathophysiology is observation of noticeable changes, but what do we do when the patient does not outwardly experience symptoms? Chest pain is a scary symptom that usually alerts the physician and patient. However, if the patient or the physician is not alerted, the medical practitioner has to dig deeper to understand the cause or set of causes that contribute to the condition.