

Alena Rakhman  
H&P #2  
Rotation 9 – Internal Medicine

Location: NewYork-Presbyterian Queens

Date: 11/26/2019

Time: 02:11 AM

CC: rectal bleeding x2 days

### HPI

86-year-old Caucasian female w/ PMHx HTN, HLD, CAD s/p CABG (2015), gastritis, umbilical hernia, off anti-coagulants secondary to GI bleed (2018), presents to the ED c/o rectal bleeding x2 days. Pt reports that the rectal bleeding occurs with defecation only, is painless, bright red in color and occasionally dark w/ clots observed by pt in the toilet bowl. She is able to pass small hard pebbles of stool w/ straining. Pt also reports chronic constipation, for which she sees a gastroenterologist regularly and takes stool softeners w/o relief. Last colonoscopy was done 3 years ago, which was unremarkable. Denies fever, chills, body aches, weight change, changes in vision, dizziness, LOC, N/V, diarrhea, any urinary symptoms, CP, SOB, recent sick contacts or recent travel.

### PMH

- HTN
- HLD
- CAD s/p CABG (2015)
- Gastritis
- Umbilical hernia
- GI bleed (2018)
- Chronic constipation

### Immunizations

- No influenza vaccination this year, otherwise UTD

### Past surgical hx

- See PMH

### Medications

- Pantoprazole/Protonix 40 mg delayed release tab → 1 tab PO BID for GI bleed
- Isosorbide mononitrate 30 mg extended release tab → 1 tab PO qAM for CAD
- Nifedipine 30 mg extended release tab → 1 tab PO daily for HTN
- Aspirin 81 mg tab → 1 tab PO daily for CAD
- Simvastatin 20 mg tab → 1 tab PO qPM for HLD

### Allergies

- NKDA, food or environmental allergies

### Family history

- Noncontributory

### Social History

- She has a home health aide caring for her during the days (mon-fri). Her daughter is her health care proxy.
- She is retired, used to work as a teacher.
- Denies smoking cigarettes, drinking alcohol or illicit drug use.

### ROS

Constitutional: (-) fevers, (-) loss of appetite, (-) weight loss

ENT: (-) earache, (-) throat pain

Eyes: (-) visual changes

CV: (-) chest pain, (-) palpitations

Resp: (-) cough, (-) SOB, (-) hemoptysis

GI: (-) abdominal pain, (-) melena, **(+) hematochezia**

GU: (-) dysuria, (-) hematuria  
MSK: (-) joint pains, (-) myalgia, (-) joint swelling  
Integumentary: (-) skin rashes, (-) pruritis  
Neuro: (-) HAs, (-) speech problems  
Endo: (-) polyuria, (-) polydipsia

### Physical Exam

Pt is AOx3, obese female, looks stated age, appears to be well groomed. She does not appear to be in distress.

### Vitals

BP → 168/74  
HR → 62  
RR → 18  
Temp → 36.8 C (oral)  
SpO2 → 96% (room air)  
BMI → 30.8

### HEENT

Skin: warm, dry  
ENT: nose patent, mucosa pink and moist, oropharynx clear  
Eyes: PERRL, EOMI, anicteric, no erythema, no discharge  
Cardio: S1S2, RRR, no murmur  
Resp: lung clear to auscultation b/l, equal expansion, no wheezing/rales/rhonchi  
Gastro: abd soft, non-distended, non-tender, bowel sounds present, no guarding, no rebound  
**Rectal (performed w/ chaperone): no external hemorrhoids, ulcers, or anal fissures; good anal sphincter tone; no masses or tenderness; dark red/maroon stool present in vault, FOB positive**  
Musculoskeletal: full range of motion to all extremities, no deformity, erythema, or tenderness  
Neuro: AOx3, CN II-XII grossly intact, no focal neuro deficit

### Labs/Imaging

WBC: 5.14 / Hb: 12.5 / Hct: 39.3 / Plt: 172 → 11/25 at 20:58

WBC: 5.38 / Hb: 12.6 / Hct: 39.1 / Plt: 175 → 11/25 at 14:13

(Na) 145 | (Cl) 107 | (BUN) 21.7

-----< (glucose) 98 Ca: 9.1 Anion Gap: 13 → 11/25 at 14:13

(K) 4.7 | (HCO3) 25 | (Cr) 1.03

PT: 12.4 / PTT: x / INR: 1.09 → 11/25 at 14:13

Prot: 6.6 / Alb: 4.0 / Bili: 0.3 / AST: 20 / AlkPhos: 91 / Lip: 28 → 11/25 AT 14:13

### **UA:**

- appearance: yellow/clear
- specific gravity: 1.022
- pH: 7.5
- glucose: negative
- protein: negative
- ketones: negative
- blood: negative
- glucose: negative
- nitrite: negative
- leukocyte esterase: small

**UA (micro) → 11/25 at 14:13**

- RBC: 2

- |   |
|---|
| <ul style="list-style-type: none"><li>- WBC: 4</li><li>- bacteria: negative</li></ul> |
|---|

**CT abdomen pelvis w/ contrast:**

1. Pronounced colonic diverticulosis without evidence of acute diverticulitis.
2. Nonspecific fluid distention of the proximal urethra. Clinical correlation is recommended.
3. Distal main pancreatic duct short segment effacement, underlying tumor cannot be excluded. Further evaluation with pancreatic protocol MRI is recommended.
4. New left hepatic lobe 1.3 cm indeterminate hypodense lesion. This lesion may also be further characterized with a hepatic protocol MRI if clinically warranted.

**EKG:**

- NSR at 62 bpm, first degree AV block

Assessment

86-year-old Caucasian female w/ PMHx HTN, HLD, CAD s/p CABG (2015), gastritis, umbilical hernia, off anti-coagulants secondary to GI bleed (2018), presents to the ED c/o rectal bleeding x2 days.

Differential diagnoses

- Diverticulosis
- Internal hemorrhoids
- IBD
- Anal fissure
- Ischemic colitis
- Colon CA

Plan

GI bleed/hematochezia

- Guaiac positive stool
- Likely lower GI bleed
- Hgb/Hct: 12.6/39.1, repeat Hgb/Hct 12.5/39.3 (hemodynamically stable)
- CT abd/pelvis
- Will hold all anticoagulation for now
- IV Protonix 40 mg BID
- Keep NPO for now
- IV hydration
- Maintain active T&S and transfuse as needed
- GI consult for possible EGD/colonoscopy
- F/u MRI w/ MRCP to evaluate hepatic and pancreatic lesions
- Influenza vaccination