

Alena Rakhman
H&P #3
Rotation 9 – Internal Medicine

Location: NewYork-Presbyterian Queens

Date: 12/06/2019

Time: 10:10 AM

CC: shortness of breath x3 hrs

HPI

63 y/o Caucasian male, former smoker (40 pack year hx), w/ PMHx of COPD, CAD, HTN, CKD, and CVA x2 BIBEMS to the ED at 02:06 AM c/o shortness of breath which began around 23:00 the previous night. Pt is not on home oxygen despite his medical history and can walk approximately 2 blocks before he gets short of breath. Pt denies any significant physical activity prior to sxs onset, and that his sxs become worse once he is supine. Pt states that he has not been taking his lasix medication for the past 3 days and reports a similar episode 1-year prior for which he was admitted. During EMS transport, pt was given 3 nitroglycerine tabs with associated dyspnea and tachypnea.

Denies fever, chills, bodyaches, dizziness, HA, AMS, vision changes, cough, sore throat, wheezing, hemoptysis, CP, palpitations, N/V/D/C, abd pain, urinary sxs, or recent travel outside of the country.

PMH

- COPD
- CAD s/p CABG 2013
- HTN
- HLD
- CKD
- CVA x2

Immunizations

- UTD including influenza vaccination

Past surgical hx

- See PMH

Medications

- isosorbide mononitrate 120 mg extended release tab → 1 tab PO daily for angina/CAD
- aspirin 81 mg delayed release tab → 1 tab PO daily for CAD
- metoprolol succinate ER 50 mg tab → 1 tab PO daily for HTN
- plavix/clopidogrel 75 mg tab → 1 tab PO daily for thromboembolic event prevention
- repatha 140 mg/mL subq solution → 140 mg q2weeks subq for HLD
- incrusse ellipta 62.5 mcg/inh inhalation powder → 1 puff inhaled daily for COPD
- bumex/bumetanide 2 mg tab → 1 tab PO daily for HTN/edema
- lasix/furosemide 40 mg tab → 1 tab PO BID for CKD

Allergies

- NKDA, food or environmental allergies

Family history

- Noncontributory

Social History

- He is married, lives with his wife, and works from home.
- Quit smoking cigarettes 1 year ago, denies drinking alcohol or illicit drug use.
- Sexually active with his wife and does not use any form of protection.

ROS

General: (-) fever, (-) chills, (-) weakness

HENT: (-) vision changes, (-) congestion, (-) sore throat, (-) ear pain

Respiratory: (-) cough, **(+) diffuse SOB**, (-) wheezing, (-) hemoptysis
Cardiovascular: (-) chest pain, (-) palpitations, (-) murmurs, **(+) orthopnea**
GI: (-) nausea, (-) vomiting, (-) diarrhea, (-) abdominal pain
GU: (-) dysuria, (-) hematuria, (-) urinary frequency
Musculoskeletal: (-) other aches or pains, (-) redness, (-) swelling
Vascular: **(+) pedal edema b/l**, (-) varicose veins, (-) claudication
Endocrine: (-) generalized weakness, (-) heat/cold intolerance
Neurological: (-) localized weakness, (-) headache, (-) dizziness
Psychiatric: (-) emotional distress, (-) anxiety, (-) depression

Physical Exam

Pt is AOx3, obese male, looks stated age, appears to be well groomed. He appears to be in no distress, lying supine on the hospital bed wearing BiPAP mask.

Vitals

BP → 166/65
HR → 62
RR → 17
Temp → 36.7 C (oral)
SpO2 → 98% (BiPAP)
BMI → 37.5

HEENT

Skin

warm and moist, good turgor, nonicteric, no lesions/scars/tattoos noted

Eyes

symmetrical OU, no evidence of strabismus/exophthalmos/ptosis, sclera white, conjunctiva & cornea clear, visual fields full OU, PERRLA, EOMs full w/o nystagmus

HENT

head is normocephalic, atraumatic, non-tender to palpation throughout; ears are symmetrical and normal in size, no evidence of lesions/masses/trauma on external ears, TMs pearly white & intact with light reflex in normal position AU; nose is symmetrical, no obvious masses/lesions/deformities/trauma/discharge, nares patent bilaterally/nasal mucosa pink & well hydrated; oropharynx is well hydrated, no evidence of exudate/masses/lesions/foreign bodies, uvula pink, no edema/lesions

Neck/thyroid

trachea midline, no masses/lesions/scars/pulsations noted, supple, non-tender to palpation, full ROM, no stridor noted, 2+ carotid pulses, no thrills/bruits noted bilaterally, no palpable adenopathy noted, no thyromegaly

Chest/lungs

(+) barrel chest with increased AP diameter, no evidence of trauma, non-tender to palpation, **(+) crackles b/l with use of accessory muscles**

Heart

JVP is <3cm above the sternal angle with the head of the bed at 30°, PMI in 5th ICS in mid-clavicular line, carotid pulses are 2+ bilaterally without bruits, S1/S2 are normal, no murmurs/extra heart sounds

Abdomen

flat, symmetrical, no evidence of striae/caput medusae/abnormal pulsations/masses/scars/striae or abnormal pulsations, BS present in all 4 quadrants, no bruits noted over aortic/renal/iliac/femoral arteries, no evidence of organomegaly, no evidence of guarding/rebound/CVA tenderness

Peripheral Vascular

skin normal in color and warm to touch in upper and lower extremities b/l, no calf tenderness b/l, no palpable cords/varicose veins b/l, no cyanosis, **(+) +2 pedal edema noted b/l**

Musculoskeletal system

no soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral upper and lower extremities; non-tender to palpation, no crepitus noted throughout; FROM of all upper and lower extremities b/l

Mental Status

alert and oriented to person, place and time; memory and attention intact; receptive and expressive abilities intact; thought coherent; no dysarthria, dysphonia or aphasia noted

Labs/Imaging

(Na) x | (Cl) x | (BUN) x
-----< (glucose) x → 12/06 at 05:44 AM
(K) 6.2 | (HCO3) x | (Cr) x
Troponin: 0.129 → 12/06 at 05:44 AM
AST: 25 → 12/06 at 05:44 AM

(Na) 135 | (Cl) 99 | **(BUN) 47.5**
-----< (glucose) **270** → 12/06 at 03:27 AM
(K) x | **(HCO3) 17** | **(Cr) 2.56**
Ca: 8.4 P: 4.6 **Mg: 2.3 Anion Gap: 19** → 12/06 at 03:27 AM
WBC: 13.41 / Hb: 13.3 / Hct: 42.4 / Plt: 266 → 12/06 at 03:27 AM
PT: 12.6 / PTT: 34.9 / INR: 1.10 → 12/06 at 03:27 AM
Prot: 7.7 / Alb: 4.1 / Bili: 0.3 / AST: x / **AlkPhos: 133** → 12/06 at 03:27 AM
ABG → 12/06 at 02:35 AM
pH: 7.27
pCO2: 50
pO2: 366
HCO3: 22.8
Lactate: 1.36
Procalcitonin: 0.57 → 12/06 at 03:27 AM
NT-ProBNP: 12728 → 12/06 at 03:27 AM

UA → 12/06 at 03:50 AM
Appearance: yellow/clear
Specific gravity: 1.022
pH: 5.0
glucose: 500
protein: >=1000
ketones: negative
blood: small
nitrite: negative
leukocyte esterase: negative
UA (micro) → 12/06 at 03:50 AM
RBC: 10
WBC: 4
Bacteria: negative

ECG

- Sinus bradycardia, normal electric axis, normal intervals, positive Q-wave in lead III, aVF and V1-V3, positive multiple ST elevations in lead III and V1-V3

CXR

- Devices/Lines and Tubes → Telemetry leads project over the chest.

- Lungs/Pleura → No pneumothorax. Perihilar and bibasilar interstitial prominence and mild airspace opacities, which is nonspecific and can represent pulmonary edema, but aspiration or multifocal pneumonia could result in a similar appearance. Probable trace left pleural effusion.
- Cardiomeastinal Silhouette → Expected post-surgical changes following median sternotomy and cardiac surgery. Cardiac silhouette enlargement which can be seen in the setting of pericardial effusion and/or cardiomegaly.

TTE

- Echo contrast administered to enhance visualization of endocardial border.
- Normal LV size, wall motion and LV systolic function with an estimated LVEF of 55 to 60%. Mildly increased left ventricle wall thickness.
- The right ventricle is not well visualized; it appears grossly normal in size with normal systolic function.
- Normal sized left and right atria.
- Mild aortic stenosis.
- No significant pericardial effusion.
- Normal sized IVC with normal inspiratory collapse consistent with normal right atrial pressures.

Assessment

63 y/o Caucasian male, former smoker (40 pack year hx), w/ PMHx of COPD, CAD, HTN, CKD, and CVA x2 BIBEMS to the ED at 02:06 AM c/o shortness of breath which began around 23:00 the previous night. Pt's presentation, physical exam, labs and imaging are most consistent with CHF exacerbation.

Differential diagnoses

- CHF
- PNA
- PE
- ACS

Plan

1) CHF exacerbation

- most likely secondary to myocardial infarction vs non-compliance w/ lasix
- admit to cardiovascular floor
- BiPAP machine until improvement of sxs
- start on IV Heparin gtt, IVP Lasix 40 mg BID, Metoprolol XL 50 mg daily, and Aspirin 81 mg daily

2) CKD w/ hyperkalemia

- HyperK-cocktail
- check BMP after cocktail completion

3) COPD, CAD, HTN, HLD

- continue home meds
- monitor BP
- f/u w/ lipid panel