



4/13/20 Morning Report with @CPSolvers



Presenter: Chris Jackson (@ChrisJacksonMD) Discussants: Rachel Johnson (@DoubleDawgMD), Patrick Fadden (@ptfaddenMD)

<p>CC: Shortness of Breath</p> <p>HPI: 52 year old woman with intermittent episodes of shortness of breath for at least three months.</p> <p>Dyspnea improved by lying down. Associated symptoms include palpitations, nausea without vomiting, and a sense of impending DOOM.</p> <p>She denied PND, orthopnea, lower extremity edema, and nocturnal cough. Two ER visits did not reveal a definitive etiology.</p> <p><u>Follow-Up History:</u> Frequently avoids leaving the house due to fear of being outside.</p>	<p>Vitals: T: 36, HR: 87, BP: 125/82, RR: 18, SpO₂: 98% on RA, BMI: 25</p> <p>Exam: Gen: Alert, appeared dyspneic Neck: No JVD, no thyroid bruit. Thyroid was non-palpable. CV: NI S1 and S2. No m/r/g. Pulm: Tachypneic. Lungs clear bilaterally. No abnormal breath sounds. Abd: Soft, non-tender, non-distended. No organomegaly. Extremities/Skin: No cyanosis, clubbing, edema, or myxedema Psych: anxious</p>	<p>Problem Representation: 52F w/ hx of reactive airway disease p/w chronic dyspnea and anxiety, found to have tachypnea and diagnosed with panic disorder with agoraphobia.</p> <p>DDx Pearl: Psych-Dyspnea overlap. Broad, but includes Paradoxical vocal cord disease, Takotsubo</p>	
<p>PMH: EtOH use disorder Reactive Airway Disease</p> <p>Meds: Albuterol inhaler Cetirizine</p>	<p>Fam Hx: No cardiac or pulm disease</p> <p>Soc Hx: Not currently working 5 year smoking history Lives around multiple other individuals No IVDU</p>	<p>Notable Labs & Imaging: CBC: WBC: 4.7, Hgb: 13.1, HCT: 39, Plt: 447, MCV: 91 BMP: Normal LFTs: AST/ALT normal. T Bili: 0.4. INR: 1.0 ABG: pH: 7.36, PaCo₂: 42, PaO₂: 81, HCO₃: 26 on RA TSH: 3.1, Free T4: Normal, BNP: 30 EKG: Normal PFTs: Normal FEV1/FVC, DLCO. (-) methacholine chall. Imaging: <u>CXR:</u> No acute cardiopulmonary abnormalities <u>CT Angiogram of the Chest:</u> Unremarkable <u>CT A/P:</u> No cirrhosis, hepatomegaly, splenomegaly Echocardiography: EF: 60-65%, No WMAs, RVSP 20mmHg.</p>	<p>Teaching Points: Dyspnea DDx:</p> <ul style="list-style-type: none"> - Most common: heart, lungs > blood, pH abnormalities - Chest wall disease, endocrinopathies, neurologic disease/diaphragmatic weakness, psychiatric disease <p>Dyspnea = symptom, thus can occur even with normal SpO₂</p> <p>Platypnea: consider hepatopulmonary syndrome, basilar predominant process, cardiac or extracardiac shunts</p> <p>Chronic CHF: lymphatics can remove fluid, reducing likelihood of detecting crackles</p> <p>Tips for ID thyroid disease: Thyroid bruit, exophthalmos, myxedema</p> <p>Iodine: load with contrast can lead to thyroid hyperactivity</p> <p>Echo w/ bubble study. <u>Intracardiac shunt</u>, will see bubbles on left side within 4 cardiac cycles. With <u>extracardiac shunt:</u> bubbles seen > 4 cycles</p>