

STUDENT VIRTUAL MORNING REPORT

LINDSEY
ANAND
ANDREW
RACHEL

WHAT'S OUR CASE?

82 M w/ CARDIOVASCULAR RFS. plw RUG PAIN + AMS.
+ respiratory sx. → LABS. EXAM. IMAGING
consistent w/ PULM ABSCESS + EMPYEMA.

CONTEXTUALIZE THE IMAGING:

"ABSENCE OF NML MENISCUS"
"AIR FLUID LEVEL"

② LOCULATION? EMPYEMA?

consider CT imaging, consult SURGERY colleagues for chest tube

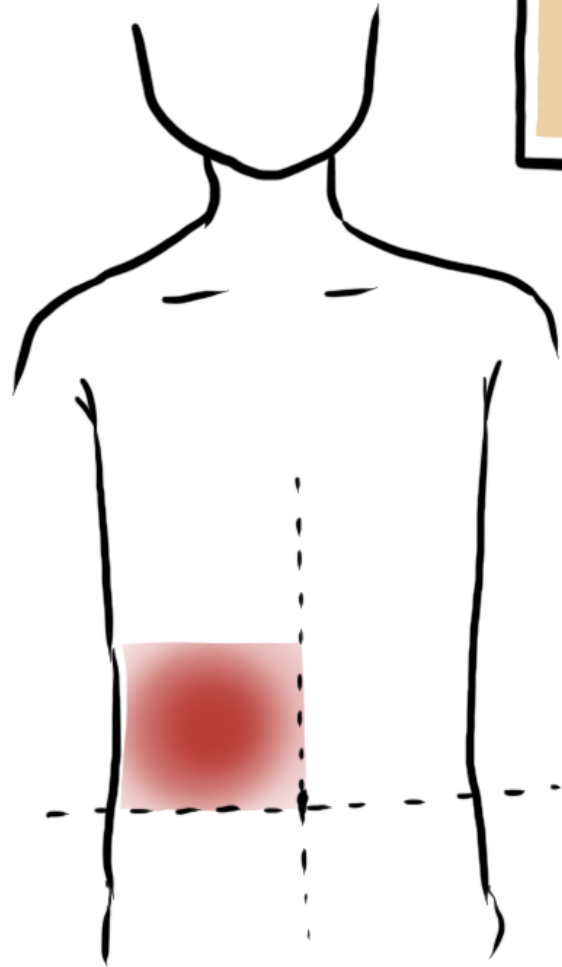
ORGANISMS:

GRAM POSITIVE COCCI

[STAPH (include MRSA)
STREP
AS THE COMMON CULPRITS]

PROBLEM ①

RIGHT UPPER QUADRANT PAIN



WHAT'S IN THE AREA?

- LIVER ... inflammation, congestion
- BILIARY ... colic, cholecystitis, cholangitis
- DIAPHRAGM ... irritation 2/2 PPE!
- VASCULAR ... AAA P
- RENAL ... RENAL COLIC, etc
- GI ... DUODENAL ULCER, RETROCECAL APPY, PANCREATITIS

ADD IN THE PHYSICAL EXAM:

⊕ FEVER

APPLY:

SEPSIS CRITERIA

- ☑ T > 38, T < 36
- ☑ HR > 90
- ☑ RR > 20
- ☑ WBC > 12,000, < 4,000

⊕ DULLNESS TO PERCUSSION



APPLY:

PLEURAL EFFUSION

EXUDATIVE

INFECTION
CA
AI
DRUGS
PE

TRANSUDATIVE

CHF
LIVER DZ
ESRD
NEPHROTIC

COMBINE LABS, COMBINE SYSTEMS

- HYPONATREMIA + PULM INFECTIOUS → LEGIONELLA?
- PULM + RENAL ABNORMALITIES → PULM-RENAL syndrome (Anti-GBM, ANCA-mediated vasculitis)

LIGHT'S CRITERIA:

	PF/SERUM PROTEIN	PF/SERUM LDH	PF LDH
Ⓡ	< 0.5	< 0.6	< 2/3 URL
ⓔ	≥ 0.5	≥ 0.6	≥ 2/3 URL

WHEN CONTEXTUALIZING PROBLEM, THINK ABOUT THE HOST

- AGE + BASELINE MENTAL STATUS
- COMORBIDITIES
- IMMUNOCOMPROMISED?
- SOCIAL HISTORY

... ETNICALLY CHINESE, CONSIDER TB

PROBLEM ②

ENCEPHALOPATHY

DX:

PULM ABSCESS c/b EMPYEMA