



Morning Report with @CPSolvers



<p>CC: 23 M 2 days of confusion HPI: Gave D50 + 1L IVF → back to baseline mental status</p>		<p>Vitals: tachycardic, resolved w/ IVF Exam: normal</p>	<p>Problem Representation: Differential Diagnosis: Insulin vs. non-insulin mediated. Ketones in urine point away from insulin-mediated! Adrenal insufficiency: Central > peripheral.</p>
<p>PMH: none Meds: n/a</p>	<p>Fam Hx: n/a Soc Hx: n/a</p>	<p>Notable Labs & Imaging Initial finger-stick glucose: 24 Na 132, K 3.8, Cl 105, Bicarb 22, Cr 0.58 Hg: 9 MCV 85 WBC 8, plt 140 Eos ~620 UA w/ ketones Morning cortisol & ACTH: undetectable TSH 9, T4 8, T3: 2.4 Anti-thyroglobulin: high FSH/LH/prolactin: normal MRI: enlarged, partially empty sella</p>	<p>Teaching Points: Whipple's Triad: 1) hypoglycemia 2) compatible symptoms, 3) gets better w/ glucose Eos: steroids kill them, so can be high in adrenal insufficiency. Physical Dx. High ACTH: look for hyperpigmentation + BMP (hyper-K, metabolic acidosis). But not always, pt don't read the textbook!</p>