7/02/20 Morning Report with @CPSolvers

Case Presenter: *Alex Rezigh (@ABRezMed)* ***Case Discussants***: *Dr Hassan Raza (@hraza222) and Dr Sonia Silinsky Krupnikov*

CC: 80 F dyspnea and dizziness

HPI:
Worsening fatigue over the last few months
1 week: worsening dyspnea on exertion, previously walked few miles, now short of breath on walking to bathroom
Intermittent lightheadedness
Fall 3 days ago
No LOC, fevers, chills, chest pain, palpitations, orthopnea,
No sick contacts
2 days prior to presentation seen at neighboring hospital, given diuretics and discharged; was told she had an "abnormal heart squeeze"

PMH:
OSA
Hypothyroidism
DM
HTN
Prior CVA, no deficits
Tonsillectomy

Meds:
Levothyroxine
Lisinopril
Effexor

Fam Hx:
No cardiac issues
GM - clotting?

Soc Hx:
Former teacher, retired
Lives in CO with spouse

Health-Related Behaviors:
2 glasses wine/night
Former 30 pack-year smoker, quit
Marijuana gummies

Allergies: NKDA

Vitals: **T**: AF **HR**: 102 **BP**: 142/86 **RR**: 22 **SpO_2**: 92% on 3L NC, orthostatics normal

Exam:
Gen: lying in bed, no acute distress
HEENT: dry mucous membranes, no pharyngeal exudates/erythema, no LA, no JVD
CV: tachycardic, RR, no murmurs/rubs/gallops, no S3
Pulm: tachypnic, no accessory muscle use, distant breath sounds, no wheezes/rales/rhonchi
Abd: soft, NT/ND
Neuro: grossly intact
Extremities/Skin: no LE edema

Notable Labs & Imaging:
Hematology: WBC: 7.5 (nl diff) Hgb: 6.7 MVC: 104 Plt: 266
Chemistry:
Na: 136 K: 5.2 Cl: 102 CO2: 23 BUN: 42 Cr: 1.73 (BL 1.0, 1 month prior)
glucose: nl Ca: 10.7
AST, ALT, Alk-P, TB: normal; Albumin: 3.4 TP: 8
BNP 154, negative troponin, A1C 6.4, negative COVID
UA: SG 1.021, protein 100, negative gluc, no WBC/RBC
Protein/Cr ratio 2; B12, folate, TSH/T4 wnl
Retic count low, no schistocytes/spherocytes on smear
FLC ratio 19, elevated B2 microglobulin: 9.4, IgM >5,000
SPEP with IgM monoclonal spike
BM bx - 70% plasma cells, hypercellular marrow
Serum viscosity - 4.5 (1.8 normal)
Imaging:
EKG: sinus tachycardia, no ST changes
CXR: perihilar opacities
CTPE: negative for PE, emphysema
TTE: EF 51%, no regional wall motion abnormalities, G1DD

Problem Representation:
Elderly female presenting with acute dyspnea, dizziness and hypoxemia found to have hypercalcemia, macrocytic anemia, AKI, elevated protein gap with proteinuria, IgM monoclonal spike and elevated serum viscosity concerning for hyperviscosity syndrome due to waldenstrom's macroglobulinemia.

Teaching Points (Andrea):
DISNEA: cardiac (ie HF), pulmonary, metabolic causes (ie anemia), inflammatory
Lightheadedness: due to hypoxia, blood supply, mechanical cause
HF: Clinical syndrome, inability of meeting metabolic demands. Dx is clinical. ⅔ ischemic, ⅓ non
Load: HTN vs Vascular pathology
HFrE LIMA: Load, Idiopathic, myocardial, arritmia,
TIMIGS: Toxic inflammatory, metabolic, infiltrative, Genetic, stress
Decreased heart squeeze : CAD, Heart muscle, secondary cause. Is this systolic or diastolic?
Sleep apnea can be due pulmonary Hypertension, Heart failure
Smoking increases risk for atherosclerosis and malignancy
Hipoxemia: pulmonary (airway, vasculature, parenchyma), cardiac
Macrocitosis can be due to increased eritropoyesis, rbc production (hypothyroidism, OH, Methotrexate, B12)
Calcium elevated hypercalcemia, malignancy. Autoimmune disease
Total Protein greater than 2 times albuminal: malignant or monoclonal disease
Beta 2 elevated: renal amyloidosis
Waldenstrom macroglobulinemia (WM) is a type of non-Hodgkin lymphoma (NHL). The cancer cells make large amounts of an abnormal protein (called a macroglobulin). Another name for WM is lymphoplasmacytic lymphoma.