



# 8/23/22 Morning Report with @CPSolvers



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<p><b>CC:</b> 69yM p/w syncope</p> <p><b>HPI:</b></p> <ul style="list-style-type: none"> <li>- 2wks ago med changes, non-compliant meds but resumed at once → seized, felt like passing out, slumped over to R side</li> <li>- Unresponsive, no noted arm movements, eyes not closed, regained consciousness after EMS</li> </ul>	<p><b>Vitals:</b> Temp: afebrile 98F BP 120/78, HR 81, RR 18, 95% O2</p> <p><b>Exam:</b></p> <p><b>Gen:</b> no acute distress</p> <p><b>HEENT:</b> no JVD</p> <p><b>CV:</b> nl</p> <p><b>Pulm:</b> clear</p> <p><b>Abd:</b> soft nontender</p> <p><b>Neuro:</b> axo x3</p> <p><b>Extremities/Skin:</b> nl</p>	<p><b>Problem Representation:</b> 69yoM with hx of HTN, HFIEF, and CKD p/w syncope.</p>	
<p><b>PMH:</b> HTN, hypertensive cardiomyopat hy w/ LVEF 35% CKD stage 3b baseline Cr 2.2 Cerebellar hemorrhage 4y ago</p> <p><b>Meds:</b> Torsemide, hydralazine, carvedilol, isosorbide</p>	<p><b>Fam Hx:</b></p> <p><b>Soc Hx:</b></p> <p><b>Health-Related Behaviors:</b> Alcohol occasionally, non-smoker</p> <p><b>Allergies:</b></p>	<p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b> WBC: 7.8 Hgb: 14.7 Hct 14.1 Plt 151</p> <p><b>Chemistry:</b> <b>Na:</b> 143 <b>K:</b> 4.6 <b>Cl:</b> 99 <b>CO2:</b> 28 <b>Cr:</b> 3.82 <b>glucose</b> 128 <b>BUN</b> 57 AST: ALT: Alk-P: T. Bili: Albumin: all nl</p> <p><b>Imaging:</b> EKG: sinus LAD LVH CXR: POCUS: D sign c/f acute decompensated RV. IVC dilated. <b>Final dx: R heart thrombus</b></p>	<p><b>Teaching Points (Lea):</b></p> <p>&gt;<b>T-LOC:</b> Syncope, Stroke, Seizure, Substance, Sleepiness, Sugar</p> <p>&gt;<b>Syncope:</b> <u>Reflex:</u> Vasovagal (prodrome?), <u>Cardiac:</u> Arrhythmia, hypoperfusion, structural, AST, HOCM, PE. <u>Orthostatic:</u> Meds(BP meds), volume depletion/regulation, autonomic</p> <p>&gt;HTN as Risk Factor for intracranial bleed &gt;target HR 60-70 - for Carvedilol in chron. CHF</p> <p>&gt;<b>Evaluating Vitals:</b> Know Baseline BP! "Snapshot" vs continuous monitoring, use POCUS to get a clearer picture</p> <p>&gt;Echo, ECG, MedTitters, <b>Volume status</b></p> <p>&gt;<b>Beck's Triad</b>(Tamponade): Hypotension, JVD distension, muffled heart sounds</p> <p>&gt;Basic cardiac US: can <u>not</u> rule out valvulopathies, PE</p> <p>&gt;<b>One view= no view:</b> Look at multiple axis/views!</p> <p>&gt;<b>PLAX- Rule of 3:</b> RV outflow tract, Ao Root, LA - evaluate size AND function/contraction</p> <p>&gt;PLAX: DDx to pericardial Effusion -&gt; anterior fat</p> <p>&gt;<b>PSAX</b> - D sign (elevated RV pressure), acute/chronic</p> <p>&gt;<b>IVC:</b> Pulsatility, Diameter - elevated RA pressure?</p> <p>&gt; <b>Cardiac Thrombus:</b> HyperEchogenic &gt; right heart embolism -&gt; check for DVT</p>