

# 10/24/23 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Dr. Ross Prager (@ross\_prager) Case Discussants: Yazmin (@minheredia) and Maddy (MadellenaC)

**CC:** 73 yo M presenting with 2 weeks of fatigue, abdominal distention, dyspnea and bilateral leg swelling.

**HPI:** Patient refers no chest pain, no infectious symptoms, no PND. He endorsed mild orthopnea.

Patient wasn't able to take apixaban for 2 weeks.

**PMH:**  
HFpEF  
Atrial fibrillation  
Gout

**Meds:**  
Furosemide 40 mg PO  
Spironolactone 50mg  
Apixaban 5mg BID  
Allopurinol 300 mg

**Fam Hx:** none  
**Soc Hx:** Lives with wife

**Health-Related Behaviors:** No smoking, alcohol or recreational drugs. No history of recent travel.

**Allergies:** none

**Vitals:** T: afebrile HR: 72 BP: 100/60 RR: 20 SaO2 94% on 1 lpm O2  
**Exam:**  
**Gen:** alert and oriented  
**CV:** Heart sounds normal, normal capillary refill, irregular pulse  
**Pulm:** Chest clear, no distress  
**Abd:** Slightly distended, non-tender, no hepatosplenomegaly  
**Neuro:** alert and oriented, normal examination  
**Extremities/skin:** warm extremities, pitting edema to the knees

**Notable Labs & Imaging:**  
**Hematology:**  
WBC: 7 Hgb: 11.0 Plt: 350

**Chemistry:**  
Na: 130 K: 4 Cr: 1.47  
AST: 110 ALT :55 GGT: 96 Bilirubin normal  
TSH normal  
Troponin normal  
UA normal

**Imaging:**  
EKG: Afib with no ST changes  
CXR: signs of fluid overload  
Bedside echo: HFpEF  
Bladder scan negative



**Dx:** Acute exacerbation of HF with venous congestion

**Problem Representation:**

73 yo M with PMH of HFpEF, Afib and gout who presented with 2 weeks of fatigue, abdominal distention, dyspnea and bilateral leg swelling. Patient with multiple signs and symptoms of fluid overload for which he was diagnosed with acute exacerbation of HF with venous congestion. He was managed with diuresis and continuously assessed through POCUS to recover euvoolemia.

**Teaching Points (Ibrahim):**

- **Leg swelling:** unilateral (cellulitis, DVT) vs bilateral (systemic: heart [consider all layers of the heart] vs. liver (or hypoalbuminemia) vs. kidneys)
- **Abdominal distension:** solid (organomegaly) vs liquid (ascites, hemoperitoneum, urinary retention) vs gas
- **Exam:** JVD, pulsus paradoxus, skin
- **Labs in a pt. w/ (an image) of fluid overload:** renal profile, liver profile, troponin, BNP, bladder scan
- **Tx of fluid overload:** loop diuretics, CCB, ACEI
- **Multiorgan POCUS assessment:**  
Lung US [superior to standardized care] → A (horizontal) vs B lines (vertical, may indicate fluid but NOT always)  
Venous congestion US → IVC (B line for RHF)
- **Cardiorenal syndrome:** low CO vs. venous congestion (MAJORITY)
- **Elevated Cr w/ initiation of diuresis is EXPECTED!**
- **VExUS** → score for degree of congestion, congestion does NOT always mean overload, it only means organ is unable to drain!