03/12/25 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter***: *Shreyas Nandyal (@shreyas_rn)* ***Case Discussants***: *Sharmin (@Sharminzi) and Andrew(@ASanchez_PS)*

Scribing (Jerome)

CC: 58 yom 3 day hx of hemoptysis (specks on tissue paper)

HPI:
1 day prior, episodes started, eval in ED, unremarkable work up, worsened and represented. No recent fevers, chills, weight loss, denied chest pain/palpitations, GI sxs negative, no rashes, oral ulcers or nasopharyngeal lesions, no neurologic symptoms, occasional joint pans (hx of gout)

PMH:
DM II, HTN (no meds), GOUT

Meds:
Metformin, amlodipine, colchicine prn for gout

Fam Hx: N/A

Soc Hx:
Philippines 2009, worked as a caregiver, now food delivery agent and photographer

Travel: las vegas 3 weeks ago

Health-Related Behaviors:
Tobacco 30 year history, stopped 14 years and restarted

Allergies: NKDA

Vitals: T: 37 BP: 206/131 Hr 92 RR: 20 Sat: 95% RA

Exam:
Gen: NAD, alert and oriented x3
CV: RRR, no murmurs
Pulm: crackles at b/l bases,
Abd: soft, non tender
Neuro: no focal deficits
sKin: no rashes

Notable Labs & Imaging:

Hematology:
WBC: 4.9 normal diff (neutrophils 41, lymph 36)
Hgb: 15.7 (16.5) Plt: 281 Hct: MCV: 94

Chemistry
Na: 139 K: 4.2 Cr: 1.2 (b/l 1.0) BUN:12 Ca: 9.1 Ph: 3.6 HCO3: 24
CRP: normal ESR: normal LDH: 150 AST: 24 ALT:28 ALP: 75 Bili: .8
Normal coags, normal UA (no casts no RBCs)
Trop 0.46, .061, .058 (Stable)
UDS: negative
HIV/Hep B and C: negative
AFB sputum-neg
TB cultures neg, legionella, strep pneumo (histo/blasto negative), strongyloides negative
ANA/ANCA serologies negative, Cryoglobulins negative, anti-GBM (negative)
Pulm c/s: Bronch: 146,000 RBC, serial return (confirming DAH)

Imaging:
EKG: RAD, no ST elevation, V5 and V6 t wave inversion
TTE: normal EF, normal valvular study, mild LA dilation
CT Chest: b/l GGO R>L, no PE, clustered nodularity in LUL (c/f multifocal PNA on radiology impression)
After BP control f/u CXR-opacities improved 2-3 weeks post discharge
Dx: Bland DAH 2/2 Severe Hypertension, secondary htn w/u pending….

Problem Representation:

Teaching Points (Hee Mun):
Approach a 58-year-old male with a 3-day history of hemoptysis
False localization : squamous cell tumor in the mouth, or affecting the mucosa and the nose.**Assess blood loss** in respiratory hemoptysis by comparing tissue paper specks to towel-sized pooling(massive).**Place the injured lung on the affected side** to improve ventilation. **DDX for hemoptysis includes** alveolar issues, bronchitis, pulmonary embolism, pneumonia, tuberculosis, lung cancer, vascular malformations, and AV fistula.

Soc Hx Tobacco use-> malignancy (less likely due to lack of weight loss), acute 1 day-vascular involvement, bronchiectasis (less likely, non-productive cough). TB-> imaging

VS : Sat 95% (above 94% but not safe yet), high BP (206/131), flash pulmonary edema. **CT: No PE, ground-glass opacity(blood, water, pus), multifocal pneumonia**, cardiomegaly ->differential includes pneumonia, pulmonary edema, ILD, cancer anti-GBM, ANCA glomerulonephritis.-> UA ANA, C3, C4, ANCA anti GBM, cryo, CRP, ESR, and coagulopathy tests, kid biopsy, bronchoscopy

Look for any possible bleeding cause and infection, assess high BP causes, evaluate kidneys for aldosterone- renin related issues; patient is not on medication; possibility of aortic dissection -> kidney infarct.// ANTI GBM(negative)

Severe HTN (hyperaldo, pheochromocytoma) → diffuse alveolar hemorrhage; BP control improved the patient