



# 5/26/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: (Krithika@) Case Discussants: (Austin@RezidentMD) and (Alec@ABRezMed)

<p>Scribing (SEEME)  <b>CC:</b> 19 yo female presents w Fever x 2 days, abdominal pain, vomiting, loose stools, myalgia x 1 day  <b>HPI:</b> fever, high grade, intermittent, associated with chills  -abdominal pain, diffuse, dull aching, present throughout the day.  C/o vomiting 2 episodes, non-projectile, containing food particles  C/o loose stools, 4 episodes, large volume, watery, severe myalgia  <b>ROS-</b> no chest pain, shortness of breath, cough, burning micturition</p>	<p><b>Vitals:</b> T: 97.2 BP: 60 mmHg systolic HR:98 RR:22 Sat: 90%  <b>Exam:</b> Gen: looks sick, pallor present, developed icterus  <b>HEENT:</b> nl  <b>CV:</b> normal, no murmurs  <b>Pulm:</b> normal breath sounds  <b>Abd:</b> left hypochondrial tenderness, umbilical, left lumbar and iliac region tender, no organomegaly  <b>Neuro:</b> nl  <b>MSK:</b> nl</p>	<p><b>Problem Representation:</b> 19yo F p w fever + abdominal pain + myalgia + shock. Vitals: low BP, dessat. Labs: AKI + TBili - I, neg. preg. Test., inc. leukocytosis, high CRP and Procal with anemia and thrombocytopenia. Imaging: bilateral diffuse consolidation. Serologies came back positive for dengue + leptospirosis.</p>	
<p><b>PMH:</b>   Menstrual history:  LMP: 15 days ago  Ongoing spotting for 3-4 days   <b>Meds:</b>  No meds</p>	<p><b>Fam Hx:</b>   Not significant   <b>Social Hx:</b>   not significant   <b>Health-Related Behaviors:</b>  Not significant  <b>Allergies:</b>  NKDA</p>	<p><b>Notable Labs &amp; Imaging:</b>  <b>Hematology:</b>  WBC: 6650 Hgb: 8.6 Plt: 51k MCV: 70.6  Urine Pregnancy Test: weakly positive  <b>Chemistry</b>  Na: 143 K: 4.4 Cr:3.4 BUN:91 CRP:99 AST:113 ALT: 100 ALP: 67 Bili: 5.5 indirect predominant PT: 18.5 PTT:45.2 INR: 1.48  Urine Albumin 1+, Sugar-nil, Ketone Bodies-negative  Bacteria-NIL, Pus cells-0-1/ HPF, RBCs-10-12/ HPF  HIV, HBSAG, HCV- non reactive  Repeat labs:  Hb:8.1, WBC:16200, Plt:18k, HCT:26.8, Na- 151, K-4.6, Alb: 3.6, ALP:56, Total bili:5.5, Indirect Bili: 4.2, DB-1.3, AST-81, ALT-48, Urea:122, Cr:4.2  Blood cultures- no growth at 48 hrs of incubation  Beta Hcg-negative, Procal: 77.36, D-dimer&gt; 15 (ref&lt;0.5)  <b>Imaging:</b>  CXR: diffuse bilateral consolidation  US :Striated GB wall oedema, mild ascites, no gestational sac   <b>Dengue IgM: positive, leptospira IgM: positive</b>   <b>Dx: Dengue and Leptospirosis (Weil's disease) Shock Syndrome</b></p>	<p><b>Teaching Points (Vini): Acute febrile sd.</b></p> <ul style="list-style-type: none"> <li>- hemodynamic stability first/management before diagnosis - - ATBs, fluids, imaging, ACLS.</li> <li>- Pt w/ high risk to progress to shock - Distributive (anaphylactic, neurogenic), obstructive, cardiogenic. Compensatory mechanisms -&gt; tachycardia expected. Young patient presumably = high cardiopulmonary reserve. High pretest probability of infection - invasive and rapidly progressive bugs. E.g. Salmonella</li> <li>- VIPO mnemonic for abd. pain. No miss - ruptured ectopic pregnancy -proceed with Beta-hCG, gram neg. sepsis, massive perforation.</li> <li>- Icterus - hepatobiliary component./ Hypoxia without clear pulmonary symptoms - sec mismatch supply/demand? Pulmonary - parenchyma etiology? Hepatitis, hemolysis, colitis, ddxs.</li> <li>- Exposure Hx: arboviruses concern.</li> <li>- <b>Labs</b> revealed: thrombocytopenia, AKI, high TBili - direct predominant - against hemolysis. CXR: Diffuse bil. consolidation.</li> <li>- PLASMIC score for TTP - Intermediate - for thrombocytopenia + evidence of MAHA on smear. Does this patient needs plasma exchange?</li> <li>- DDx: In dengue, gallbladder wall edema + diffuse edema -&gt; plasma leakage. Must rule out pregnancy with USG + beta hCG.</li> <li>- CT on a pregnant patient would be a disaster, must pay attention.</li> <li>- dengue + superimposed bacterial infection.</li> <li>- profound renal injury with nl K - disconnected.</li> <li>- Hickam's dictum - A patient can have as many diseases as they damn well please.</li> </ul>