

# 7/25/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Eugene Bonzie (@EugeneBondzie) Case Discussants: Rabih Geha (@rabigmgeha) and Reza Manesh(@RxDxEdu)

## Scribing (ZakariyyaE)

**CC:** 22 y/o M , brought in by parents in on a wheelchair to OPD in pain

### HPI:

1 month ago, progressive b/l lower extremity swelling, non pitting initially ,Rx with, topical preparations + bandages  
9/7 ago, football injury : twisted ankle , No deformity, X ray normal , RICE

48 hr later, pain improved , mobilized

3/7 : deep left calf ache , pulling or cramping, warm , +N  
48 hr prior , warm , painful upto groin, put in wheelchair as unable to weight bear

Insect bite (pt's account), Mother (sharp object)

10/10 pain

LOA 1/12

+Fever

No hx of trauma , no recent surgeries

**Vitals:** T: 37.4 BP: 118/74 HR: 98 RR:18 Sat:99%RA

**Exam:** Gen: Alert , severe distress due to pain

### HEENT:

CV: S1,S2, no murmurs

**Pulm:** GAEB, no resp. distress

**Abd:** SNT , No organomegaly

**Neuro:** Intact CN's and limb strength

**MSK:** Left LL : **swollen > R (>5cm mid thigh)** , **warm, tender** , **old healed ulcer on L great toe**,R LL: **mild pitting oedema limited to dorsum**, **Normal ROM tender when dorsiflexed**

### Notable Labs & Imaging:

#### Hematology:

WBC:8.3( diff : &0% Neut, Lymph 18%) Hgb:12.7 Plt: 477 MCV: 78 ,

#### Chemistry

Na: 129 K: 4 Cr: 0.78 BUN: 14.3 Ca: Ph: Mg: Glu: Cl: HCO3: AG:

CRP: ESR: LDH: AST: nl ALT: nl ALP: Bili: Total pr: 38 Alb: 13

Arterial doppler: nl

UA: straw colored , Prot 3+, N/L -ve , Blood 2+ , Hyaline casts, granular and waxy , RBC: 2/hpf

HIV -ve, Hep B/C -ve

ANA : -ve, anti ds DNA -ve , C3 222, C4 126

Clotting : PT 12.8, aPTT 32.5, INR 1.02

Lipogram : Trig 1.72, T Chol 9.4, LDL 6.9 , HDL 1.7, VLDL 0.78

24 hr urine : 4.2g/day, ACR : 6850

SPEP: low albumin, alpha-2 globulins elevated

Thrombophilia screen: Antithrombin 3 49%(low), Protein C 74% active (N) , Protein S free Ag 58%(Low)  
**Imaging:**

EKG:

CXR: unremarkable

U/S : long segment echogenic thrombus with near total

Abdo U/S : wnl , normal IVC

Biopsy: Segmental sclerosis , IF : -ve for immune complexes deposition, EM: podocyte foot processes effacement >80%

**Dx : Primary Nephrotic Syndrome due to FSGS complicated by extensive left proximal DVT secondary to suspected acquired thrombophilia**

**Problem Representation:** 22yo male that presented with a unilateral swollen left leg, confirmed to be a DVT secondary to a hypercoagulable state from Nephrotic Syndrome

### Teaching Points (ZakariyyaG):

#### 1) The Young patient

- Range of pathology
- Reserve

#### 2) Limb Swelling

- Unilateral vs Systemic causes
- Infections associated

#### 3) Nephrotic Syndrome

- The triad
- Present of Red Cells
- Risk of complications

