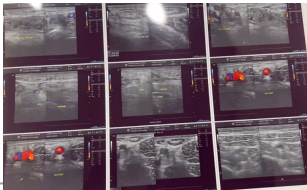



<p>Scribing (ZakariyyaE)</p> <p><b>CC:</b> 22 y/o M , brought in by parents in on a wheelchair to OPD in pain</p> <p><b>HPI:</b> 1 month ago, progressive b/l lower extremity swelling, non pitting initially ,Rx with, topical preparations + bandages 9/7 ago, football injury : twisted ankle , No deformity, 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</p>		<p><b>Vitals:</b> T: 37.4 BP: 118/74 HR: 98 RR:18 Sat:99%RA <b>Exam:</b> Gen: Alert , severe distress due to pain <b>HEENT:</b> <b>CV:</b> S1,S2, no murmurs <b>Pulm:</b> GAEB, no resp. distress <b>Abd:</b> SNT , No organomegaly <b>Neuro:</b> Intact CN's and limb strength <b>MSK:</b> Left LL : swollen &gt; R (&gt;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</p>	<p><b>Problem Representation:</b> 22yo male that presented with a unilateral swollen left leg, confirmed to be a DVT secondary to a hypercoagulable state from Nephrotic Syndrome</p>
<p><b>PMH:</b> <b>None</b></p> <p><b>ROS:</b> +fever +LOA(1/12) +Nausea</p> <p><b>Meds:</b></p> <p>OTC Meds only</p>	<p><b>Fam Hx:</b> None</p> <p><b>Social Hx:</b> University student</p> <p><b>Health-Related Behaviors:</b> None</p> <p><b>Allergies:</b> None known</p>	<p><b>Notable Labs &amp; Imaging:</b> <b>Hematology:</b> WBC:8.3( diff : &amp;0% Neut, Lymph 18%) Hgb:12.7 Plt: 477 MCV: 78 , <b>Chemistry</b> 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, aPPT 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) <b>Imaging:</b> 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 &gt;80% <b>Dx : Primary Nephrotic Syndrome due to FSGS complicated by extensive left proximal DVT secondary to suspected acquired thrombophilia</b></p>	<p><b>Teaching Points (ZakariyyaG):</b></p> <ol style="list-style-type: none"> <li><b>The Young patient</b> <ul style="list-style-type: none"> <li>Range of pathology</li> <li>Reserve</li> </ul> </li> <li><b>Limb Swelling</b> <ul style="list-style-type: none"> <li>Unilateral vs Systemic causes</li> <li>Infections associated</li> </ul> </li> <li><b>Nephrotic Syndrome</b> <ul style="list-style-type: none"> <li>The triad</li> <li>Present of Red Cells</li> <li>Risk of complications</li> </ul> </li> </ol>
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