



9/28/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Evan Guaderrama Case Discussants: Jeffrey and Lea
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Sarah B and CPS family<3)
CC: 65 year-old male with **confusion and shortness of breath**
HPI: At baseline he manages his medications on his own. He presented to the infusion clinic for his 2nd cycle of chemo (last cycle was 20 days ago) for lung adenocarcinoma feeling **weak, dyspneic, and confused for 24h, with difficulty remembering whether he took his medications.**
Recent hospitalizations for afib with RVR (on LMWH), UTI treated with cefazolin.
ROS:
Decreased appetite and water intake, leg swelling (right first then left), decreased urine output

PMH:
Lung adenocarcinoma
COPD
BPH
Atrial fibrillation
Meds:
Carboplatin
Diltiazem
Digoxin
Cefazolin
Enoxaparin
Metoprolol
Statin

Fam Hx:
Social Hx:
No alcohol
Stopped smoking
25 years ago
Health-Related Behaviors:
Allergies:

Vitals: T: 36.2 HR: 60 BP: 97/70 RR: 20 Sat: 98% BMI: 31
Exam: Gen: ill-appearing but in no acute distress
HEENT: Possibly pale, but not certain
CV: RRR with normal S1/S2 but hard to hear, JVP 12-13cm
Pulm: decreased breath sounds and rales
Abd: possibly distended, hard to tell
Neuro: moving extremities spontaneously
Extremities/skin: bilateral LE edema, pitting

Notable Labs & Imaging:
Heme: WBC: 6.5 Hgb: 10.8 Plt: 819 (bl 300s)
Chemistry: Na: 118 K: 6.3 Cl: 81 HCO3: 25
Cr: 1.94 (baseline 0.6) BUN: 61 Glucose: 160
AST: 81 ALT: 226 Bili: 0.5 Albumin: 3.4
INR 1.7 PTT 17.3
BNP 180 UOSm: 326 urineNa: 10
Digoxin level: supratherapeutic
Additional hospital course: Patient was given IV furosemide. The next day, he had cool/clammy feet, confusion, worsening AMS.
Cr → 2.2. POCUS was concerning for tamponade.



Imaging: EKG: sinus, 60 bpm, left axis deviation, low voltage, inverted T in I, II, V3-V6
CXR: Increased interlobular septal thickening and interstitial markings
TTE: LV and RV systolic function normal, moderate pericardial effusion, concern for tamponade due to increased CVP.
Dx: Tamponade and obstructive shock due to malignant pericardial effusion

Problem Representation: This is a 65-year-old male with lung adenocarcinoma presenting with dyspnea and encephalopathy with hypotension, elevated JVP, hyponatremia, AKI, and a malignant pericardial effusion consistent with obstructive shock secondary to malignant pericardial effusion.

Teaching Points (Julia Z)
Approach to HPI: 2 diff symptoms - how link the two things? Is the confusion secondary to SOB?
-Confusion: electrolytes abnormalities. AMS schema (metabolic, infection, toxins, trauma)
-SOB: pre-lung, lung, post-lung (heart)
-As the pt is on chemo: could be complication of treatment or the disease itself
Approach to PMHx:
-Nephrotoxicity of carboplatin, side effects of medications
-Pembro: immune checkpoint inhibitor → can cause inflammation and organ dysfunction (heart, lungs - pneumonitis).
-Recent hosp for Afib + digoxin: confusion from the digoxin?
Approach to PE/labs:
-Edema: three main organs - liver, kidney, heart. In this case, elevated JVD and edema can represent a cardiac cause
-Electrolytes abnormalities: hyponatremia - true or not? Important to see serum osmolality - if low, it is true hyponatremia. If normal or elevated, other causes should be considered (SIADH = ADH keep water into the vessel)
 Analogy of water toxicity: if too much water into the blood vessel → Na decrease (hyponatremia = water into the blood vessel). Pseudo hyponatremia: glucose added to blood vessel.
-Elevated UOsm = true hypovolemia
 Hypovolemia + edema = cardiorenal syndrome → intravascular volume is low and the body try to keep water inside as edema. Ex: heart failure, tamponade, pericardial effusion (malignant), pericarditis
Approach to image:
-EKG: low voltage → represent something between heart and chest (heart, pericardial effusion, infiltrate in myocardium)
-US: pericardial effusion concerning for tamponade
Importance of recognize signs of shock: hypoperfusion (AMS), types (sepsis, hypovolemic, obstructive, cardiogenic)