# 10/9/25 Morning Report with @CPSolvers

*"One life, so many dreams" Case Presenter: (Eyron@) Case Discussants: Rabih(@rabihmgeha) and Vijay (@)*

*https://clinicalproblemsolving.com/present-a-case/*

**Scribing (Shriya)**

**CC:**75F with difficulty in breathing

**HPI** 75F ,PMH of HTN,HLD,DM2,CVA, CKD3B d/t solitary kidney s/p donor nephrectomy Rt., presents at ED with SOB for 4hrs.

4 hrs prior,was able to attend church,have lunch,walk and climb stairs with mild SOB and chest heaviness, unusual for her.

3 hrs prior,was watching when got up to urinate and felt sudden SOB with diaphoresis after urinating.BP at home 220/180,took lercanidipine. 10mg +2 pillow orthopnea

**ROS:**No Fever,chills,cough,hemoptysis, wt.loss,chestpain,palpitation,n/v,diarrhea, dizziness, dysuria,hematuria,extremity weakness,change in bowel movt,vision changes.

**PMH:** HASCVD>10yr DM2,Dyslipidemia, CKD3B ,CVA(Lt parietal),MNNTG(no biopsy done)

**Meds** Olmesartan 40 Mg,Lercanidipine 10mg,Rosuvastatin 20 mg,Dapagliflozin 10 mg,Sitagliptin 100mg,,Gliclazide 60mg,Insulin 70/30 56-26U,Clopidogrel 75mg

**Fam Hx**: paternal side DM

**Obs hx:**G4P4 (2002) all NSD

**Past Surgical hx:** donor nephrectomy rt(1990)

**Social Hx:**

**Health-Related Behaviors:** ex smoker 1 pack yr for 5 yrs,non alc beverage drinker

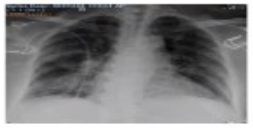
**Vitals: T:36.1C HR:** 84 **BP:190/90 RR:** 28 **Sat:** 86%in RA **BMI:27.6**

**Exam: Gen:**awake,in resp distress,diaphoretic

**HEENT:** distended neck veins,otherwise nl

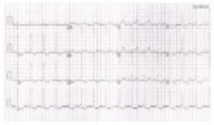
**CV:**normal **Abd:** normal **Extremities/skin:** normal

**Pulm:**B/l basilar crackles with expiratory wheezing



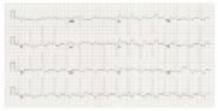
**Notable Labs & Imaging:**

Started on facemask O2 8l/min with improved sat 100%,ISDN(isordil)5mg,Furosemide 40 Mg,Nicardipine 1mg



**EKG1:**ST elevations in aVR,ST depression in II,III,aVF,V4-V6,LVH

**EKG2:**LVH



**Hematology:**

WBC:13600 N41 L49 Hgb:15.2 **HCT:**43.4 Plt: 314k MCV:85

**Chemistry:**

Na:138 **K:** 3.8 Cl: 102 HCO3: Cr: 1.3(base 1.2) BUN:25 i Ca: 1.12 Mg:2.1 PT:11.1 INR:0.9 PTT:29.1 **UA:** >1000 Glucose,other wnl

ABG:pH:7.32 pCO2:41 HCO3:21.1 pO2:117

Troponin:24.5 after 2hrs 24.8 **NT proBNP:**1349 **capillary blood glucose:**427

HbA1c:13.6% serum ketones: neg serum osmolality:311

**Imaging:**

**CXR:** pulm edema/congestion,cant r/o concomitant pneumonia,minimal b/l pleural effusions,magnified heart,atherosclerotic aorta

**Echo:**EF 41.1%,concentric LVH with remodelling,hypokinesia of inf and inferolateral free wall from base to apex,grade I LVDD,normal RV with AWMC,normal LAD,RAD,PASP, mild MR,TR,AR,PR,no pericardial effusion.

**Dx: Flash pulmonary edema secondary to Hypertensive emergency**

Pt improved with mild SOB/orthopnea with HF regimen,insulin adjusted and weaned to nasal cannula.Vitals stable,EKG unchanged,trop dec to 22.7

**Problem Representation:** 75F ,PMH of uncontrolled DM,HTN,HLD,CVA,CKD3B solitary kidney s/p donor nephrectomy Rt ,presented with SOB,diaphoresis for 4hrs, bl crackles leukocytosis,LVH and hypokinesia inf wall with mild congestion and b/l pl effusions in CXR

**Teaching Points (Magnus)**

Dyspnea

-Pyramid: Pulmonary, cardiac, blood

-ABG: Oxygen problem vs. CO2 problem (hyper/hypo) vs. normal

-Hyperacute! Vascular (ACS,PE), pneumothorax

Acute hypertension

-HTN -> cause of dyspnea (flash pulmonary edema) or consequence

-acute HTN always due to epinephrine or aldosterone, most commonly acute disease/discomfort -> catecholamine surge

-Atherosclerotic disease -> renovascular hypertension, wide pulse pressure due to vessel stiffness

-Aldosteron surge (from cerebral or renal ischemia), look for acute on chronic renal dysfunction

EKG with LVH and ST-elevations

-Chronic HTN with LVH, stiffness and diastolic dysfunction (vulnerability) + acute superimposed ischemia (trigger) on EKG (ie from acute plaque rupture) -> HTNsive flash pulmonary edema

Inferior hypokinesia

-MI vs. Takotsubo (prove normal coronary arteries)