11/25/25 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Magnus (@)* ***Case Discussants****: Ravi(@ravi7ks) & Ann Marie Kumfer (@annkumfer)*

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

Scribing (Bayan)

CC: 88F p/w chest pain and shortness of breath for 5 hours

HPI: 5 hours ago, she developed sudden onset central 10/10, non-radiating chest pain. She went to bed and woke up 2 hours later with shortness of breath.

ROS: Unremarkable

PMH: CAD
PCI 15 years ago
HFmrEF (EF 50%)
HTN
Osteoporosis
Scoliosis

Under evaluation for dementia

Meds: Aspirin, Verapamil, Furosemide, calcium , Vit D

Fam Hx: -

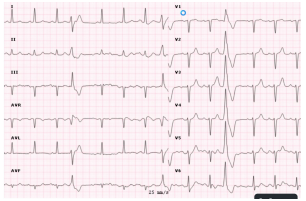
Social Hx: Uses cane and walker
Lives at a nursing home

Health-Related Behaviors: no H/O alcohol consumption, smoking

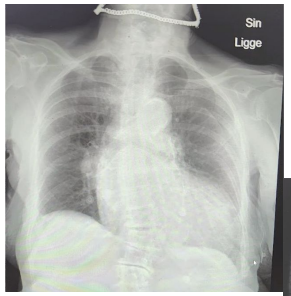
Allergies: -

Vitals: T: afebrile **HR**: 92 **BP**: 195/94 **RR**: 24 **Sat**: 85% (95% on 2L)
Exam: Gen: tachypneic but improved after Oxygen administration
CV: no JVD. irregular rhythm
Pulm: b/l basal crackles
Abd: soft and nontender
Extremities/skin: no peripheral edema. Pulses palpable in all limbs.

Notable Labs & Imaging:
Hematology: WBC: 10.7 (8.9 neutrophils) Hgb: 14.5 Plt: 289
Chemistry: Na: 140 K: 3.3 Cr: 1.0 (baseline)
AST: nl ALT: nl LDH: 300 Trop- 60 (n<50)
ABG pH 7.44 pCO2 29 HCO3 19 Lactate 1.1
D-dimer 13 (n<0.9)



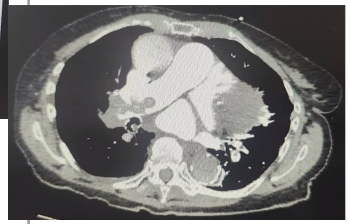
Imaging:
EKG: sinus rhythm w/ scattered PVCs, poor R progression, no signs of acute ischemia
CXR: enlarged heart & signs of pulmonary congestion

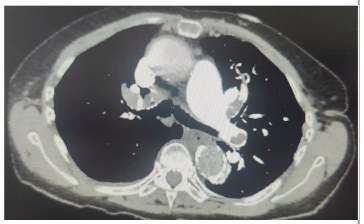


CTA Chest: b/l pulmonary emboli

Echo: no severe right heart strain. EF 40-45%

Dx: Pulmonary embolism leading to Acute decompensated heart failure





Problem Representation: 88F p/w acute shortness of breath and chest pain, found to have elevated BP, high troponins and pulmonary congestion on CXR.

Teaching Points (Eugene)

Chest pain + SOB : Cardiac cause at the center.

Duration: Separates emergent (ACS, PE) etiology vrs chronic/subacute

Hypertension: as cause of clinical picture (wet lungs, tachypnea, hypoxia - flash pulmonary edema? Vrs as consequence of clinical picture.

Absence of meds appropriate to control RAAS system make patient vulnerable for decompensation but currently doesn't have a volume problem

Enlarged heart + pulmonary congestion: more data needed (via echo/ ct) to distill consequence of sympathetic surge vrs cardiomyopathy vs right heart strain from PE