



# 12/9/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Kuchal (@AgadiKuchal) Case Discussants: Ravi @rav7ks & Kirtan @KirtanPatolia  
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Magnus)

CC: 73F with SOB for 3 days and LE edema for 3 months

HPI: Pump with no relief.  
One episode of PND.

ROS: No CP or palpitations.

### PMH:

AV fistula 3 mo ago  
Asthma  
HTN  
CVA  
HCV (2015)  
CKD 4 2/2 HTN and HCV  
Gout flare few weeks ago

### Meds:

Tylenol  
Albuterol  
Allopurinol  
Aspirin  
Budesonide-formoterol  
Symbicort  
Folic acid  
HCTZ  
Furosemide  
Naproxen  
Nebivolol  
Prednisone  
Simvastatin  
Sodium bicarb  
Bactrim  
Thiamin

### Social Hx:

Prior wheelchair-use due to CVA, now walker.

### Health-Related Behaviors:

Prior ethanol use  
No travel hx  
No drugs currently  
Prior cocaine and heroin

Vitals: T: Afebrile HR: 101 -> 84 BP: 149/92 RR: 18 Sat: 100 RA  
Exam: Gen: Mildly distressed. Wheezing. Using accessory muscles.  
HEENT: Dry mucous membranes CV: Murmur, RRR  
Pulm: Bibasal crackles and wheezing all over Neuro: Mild weakness in LE  
Extremities/skin: Pitting edema b/l, no rashes, warm skin.  
AV fistula with expected appearance and development

### Notable Labs & Imaging:

#### Hematology:

WBC: nl Hgb: 8.3 Plt: nl MCV: nl Hct 27.8

#### Chemistry: largely unremarkable.

Na: nl K: 5.3 Cr: 5.4 BUN:72 Glucose: 113

Trope 60 -> 57

BNP 27K

#### Imaging:

EKG: Sinus, possible left atrial enlargement

CXR: Bilateral mid-lower opacities, small effusions, cardiomegaly, pulmonary edema

USG of UE: No evidence of DVT, fistula normal

Echo: Normal LV size. Mild LV hypertrophy. Left ventricular outflow tract obstruction at rest, but no dynamic outflow tract obstruction. EF 60%.

Hockey-stick configuration of mitral leaflet without stenosis suggesting possible rheumatic mitral disease. Mild PH.

Additional PMH: Graves

Dx: Rheumatic heart disease + CHF

### Problem Representation:

### Teaching Points (Eugene):

**SOB:** Time course (clarify; investigate background data, also note SOB at rest and on exertion) & organ system involved. System review is important to understand organ system involved.

**Leg edema:** abnormal fluid accumulation, hypercoagulable state, infectious swelling

**Diffx of combining LE edema & SOB:** PE, exacerbation of CHF

**Why aged presenting with clinical picture:** poor compensation for excess volume (think Hfpf), weakened immune system (think chest infections)

**Other risk factors:** Background ESRD, ? missed meds, vitals-> (review these then consider the AV fistula)

**When to get the echo:** symptoms suggestive of new onset HF, pathologic murmur, EKG findings suggestive of valve disease.