3/12/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter:*** *Rahul(@)* ***Case Discussants:****Rabih (@) & Krithika (@)*

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

Scribing (Mohammed)

CC: 54YO F with **AMS** and **seizure-like activity**

HPI: Pt was admitted 2 weeks ago due to generalized weakness, and found to have UTI (found to have CRE). upon discharge, found **hypoxic** and tested **positive** for Influenza. She was transferred to step down unit for HFNC. Now on Vancomycin (concern for **HAP**).

PMH:
Cowden syndrome
Multiple malignancies
Thyroid CA s/p ectomy
Breast CA s/p ectomy
Portal vein thrombosis
Multiple Previous **Hepatic encephalopathy s/p TIPS**
HTN, T2DM, CKD 2
Aortic stenosis (TAVR)
Meningioma > resection/ G

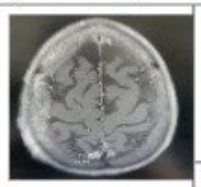
Meds
Eliquis
levothyroxine
ASA, Atorvastatin, Fenofibrate
B12
Escitalopram
Gabapentin
Rifaximin
Sirolimus
Dronabinol
Medroxyprogesterone
Calcium carbonate
Venlafaxine

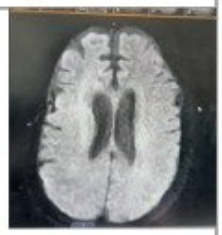
Fam Hx:

Social Hx:
Non-smoker, no illicit drugs, no pets
Health-Related Behaviors:

Allergies:
Keppra
Morphine

Vitals: T: 98.2 **HR**: 130 **BP**: 134/70 **RR**: **Sat**: **BMI**:
Exam: Gen: sedated, on mechanical ventilation, not restless
HEENT: PERRL, nl **CV**: s1, s2 nl, no added sounds.**Abd**: nl
Neuro: patient sedated, couldn't be assessed
Extremities/skin: no lower extremity edema





Notable Labs & Imaging:

Hematology:
WBC: **12** (83% PMN) Hgb: **8.8** Plt: 136 MCV:86

Chemistry:
Na: **154** K: 3.2 Cl: 118 HCO3: 27 Cr: 0.8 BUN:25 Glucose: 144 Mg: 2
AST: 34 ALT: 17 Alk-P: 154 **Albumin: 2.4** Total Protein: **4.3**
lactate 1.7, AG: 9, ammonia: 50 , serum osmol: 323
UA: Specific gravity 1.029, small Leuk Esterase, -ve nitrate, pH 5.5, large amount of blood, protein 300, greater than **100 WC** per high-power field.
Blood Cx, Urine Cx, MRSA Nasal swab: -ve, Hepatitis panel -ve

EKG: sinus tachycardia
EEG: Severe background slowing (because of sedating drugs)

Imaging:
CXR: patchy bl airspace opacities compatible with pneumonia/fluid overload,
CTPE: bl GGO, no PE.
MRI: **acute right occipital cortex infarct**, stable meningioma, subacute very small lacunar infarcts, stable encephalomalacia.
CT abd (1wk prior admit): asymmetric bladder wall thickening suspicious for neoplastic process > **cystoscopy**
TTE: Limited exam: Nl EF, nl LV diastolic f. Nl pl sys. P, nl valves no AR
TEE: Functioning **bioprosthetic valve** with **1.4X 0.9 cm aortic vegetation**. No AR.
Patient course: **BCx** (MRSA, Bartonella, Brucella Coxiella **negative**), Added Daptomycin + meropenem >> Transferred to higher center for valve replacement > tested and treated for **fungal endocarditis and fungal pneumonia**

Dx: Aortic valve endocarditis w/ embolic stroke

Problem Representation: 54YO F with with previous history of multiple systemic diseases, malignancies, s/p multiple surgeries has AS s/p TAVR and hepatic encephalopathy presented with acute AMS. Echo showed aortic vegetations w/ -ve blood cultures > dx w/ fungal endocarditis

Teaching Points (Shriya)
-**AMS:**think of IMADE ; possibility of stroke,HE,metabolic,metastasis (as per patients PMH)
-Patients with more vulnerability have more diffuse sx than localized
-Screening is more helpful in asx pt
-Is confusion from brain issues or systemic issue affecting brain
-**Tachycardia** : Is it from fever?>is the body bleeding somewhere?>is it sinus tachy from PE
-**Hypernatremia(**probably from not drinking enough) to be symptomatic takes some time (like a day) unless its a non-osmotic loss from kidney (like DI)
-**Thrombosis:** 3Ps
Pump (cardioembolism>prosthetic aorta>mechanical more than bioprosthetic)
Pipes(atherosclerotic >venous thrombosis,Carotid>CTA to r/o)
Plasma(Coagulable disease -Cancer)
-valvular vegetation: Pus or clot or cancer
-Clot forming in a bioprosthetic is little less likely unless we have a predisposing hypercoagulable state like Ca