



# 3/2/26 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Eyron Cato (@) Case Discussants: Magnus Bock (@) & Maddy Conte (@MadellenaC)  
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Krishna)

CC: 50 y old male with constipation

HPI: 2 days of complaints associated with constant non-radiating hypogastric pain, took dulcolax and tylenol - resolved initially Still persistent hypogastric pain not resolving with dulcolax- came to the ER. Later pain radiated to LLQ.

ROS: Dysuria

No unintentional weight loss, night sweats, colds  
No chest pain, palpitations  
No cough, dyspnea  
No vomiting and hematuria

PMH:

HTN  
DM

Meds:

Nebivolol  
Xigduo  
(Dapagliflozin/Metformin)

Fam Hx:

HTN, DM: Paternal  
Family Hx

Social Hx:



Health-Related

Behaviors: no smoking,  
no drug use

Allergies: NKDA

Vitals: T: 37 HR:85 BP: 110/70 RR: 20 Sat:100 BMI: 25

Exam: Gen: Awake alert

CV: NAD

Pulm: NAD

Abd: Non-distended, Normal Bowel sounds, tenderness with rebound in b/l lower quadrants, No guarding

Neuro: NAD

Extremities/skin: NAD

Notable Labs & Imaging:

Hematology:

WBC: 12010 Hgb: 15.2 Plt: 347k MCV: 80

Chemistry:

Na: 140 K 4.4 Cl: 99 HCO3: 25 Cr: 0.8 BUN: 10 Glucose: 111 iCa: 1.1  
AST: wnl ALT: wnl Alk-P: Bili: Albumin: Total Protein: HbA1c: 6.8

ESR: CRP: LDH:

UA: 4+ Glu, Ketones +2

Imaging:

EKG: NAD

CXR: NAD

CT A/P:

IMPRESSION:

Colonic diverticulosis with diverticulitis in the sigmoid segment; probable abscess formation(1.7 cm fluid collection); bladder wall thickening, the proximal segment of the sigmoid colon is intimately related to the posterior wall of the urinary bladder, without definite fistulous tract or contrast extravasation identified in the delayed phase

Dx: Sigmoid Diverticulitis (Hinchey 1A)

Problem Representation: 50 y old Male with constipation and dysuria, with abdominal rebound tenderness; UA significant for glucose and ketones, labs significant for leukocytosis and CT abdomen and pelvis confirming a colonic diverticulitis and possible abscess formation.

Teaching Points (Shriya)

- Constipation: new or chronic; structural or metabolic issue>what's the severity>what could be the reason behind-meds,electrolytes,activity,diet>baseline stool;is there any soft stools in between>what can be complication>fissure,infection/inflammation,obstruction,fistula
- Severe constipation or something underlying; any associated sx as pain,fever>DM controlled or not(autonomic neuropathy)
- Constipation with dysuria: any connection like colovesical fistula
- Rebound tenderness in B/LLQ: peritoneal inflammation>need CT to r/o this
- Euglycemic DKA: in DM pts with glucosuria,ketonuria and SGLT2 inhibitors
- constipation >diverticulosis>itis >perforation, abscess.