



# 2/17/26 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Ramaswamy Case Discussants: Youssef (@saklawiMD) & Mengyu (@zhoumy07)  
<https://clinicalproblemsholving.com/present-a-case/>

**Scribing (Seeme)**  
**CC:** 60 y old FM 6 months of SOB and chest pain  
**HPI:**  
Dyspnea on exertion with activities of basic living, improves on rest but wakes up gasping, can lie flat  
Sharp stabbing intermittent chest pain worse with inspiration  
Non-productive cough  
Can walk for 3-4 min before getting short of breath

**ROS:** diffuse body pain + oral ulcer, no fever, swelling, syncope or chills

**PMH:**  
SLE in 30s  
Fibromyalgia  
Hypothyroidism  
Dry eyes

**Med:**  
Levothyroxine  
Cyclosporine drops  
Duloxetine  
lorazepam

**Fam Hx:**  
Sister and niece having SLE  
Mother DM and HTN  
Father HTN  
**Social Hx:**

**Health-Related Behaviors:** no alcohol or drug use

**Allergies:**

**Vitals:** T: nl HR:nl BP: 132/59 RR: 17 Sat: 98 BMI: 28  
**Exam:** Gen: not in acute distress but anxious  
**HEENT:** right buccal mucosa ulcer  
**CV:** normal heart sounds, no murmurs  
**Pulm:** diffuse inspiratory crackles bil  
**Abd:** nl **Neuro:** nl **Extremities/skin:** nl

**Notable Labs & Imaging:**  
**Hematology:**  
WBC: 6.8 Hgb:13.5 Plt: MCV:93

**Chemistry:**  
Na: 138 K:4.1 Cr: nl BUN: nl  
AST: nl ALT: nl ESR:nl CRP: nl  
CK:nl UA: nl BNP: nl TSH: nl  
HIV: neg

**Imaging:**  
EKG: nl CXR: patchy bilateral opacities  
Echo: EF 64%, MIM LVH  
Stress test : No ischemia  
ANA and dsDNA: neg  
RF: highly +ve  
SSA and SSB: not detected  
CT chest : peribronchial GGOs, bronchiectatic changes in lower lobes with semi solid nodules in both lungs, largest of 7mm in R lower lobe  
PFT: 62% FEV1/FVC: 7 (restrictive pattern)  
Anti smith and anti SSA: high, U2RNP: +ve  
**Dx:** Mixed connective tissue disease



**Problem Representation:** 60 y old FM with history of SLE and hypothyroidism presented with 6 months of dyspnea and chest pain associated with GGOs on CT scan and diffuse crackles.

## Teaching Points (Mohammed)

### Thoracic symptoms:

- SOB have broad differential (blood > Thorax), CP localize it more between mediastinum and chest wall (inflammation, vascular causes).
- Pleuritic chest pain > pleural and pericardial inflammation
- Cough: pulmonary pathology (bronchial), or cardiac (component of orthopnea)

### Lupus:

- Lupus-related causes of CP: Pericardial/CAD > [XG, Echo
- Inspiratory crackles > (ILD, pulmonary edema), Cardiac > Diagnosis of HF (Rt > edema), (Lt > S3, S4, displaced PMI)
- CT (lung parenchyma > no contrast), (mediastinum and soft tissue > contrast)
- No positive serologies but RF + > review the past symptoms and how the dx was made. P

### Interstitial lung disease:

- Classified either by etiology (HP, CTD, or idiopathic) or radiologic appearance
- RA (LIP, NSIP), SLE (NSIP)
- Questionnaire about symptoms and exposures
- Tx of ILD (immunosuppressants vs antifibrotic) according to the etiology
- GGO (water, blood, NSIP)
- Bronchiectasis (infection, TR)
- Lower zones > soluble/thermatogenous agents (IPV, NSIP)

**Workup:** infection screen, immunology consult