



# 2/18/26 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: (Daniel Lim@) Case Discussants: (Sharmin@sharminzi) & (Lera@LNovotnaya)  
<https://clinicalproblemsolving.com/present-a-case/>

## Scribing (David)

**CC:** 51 yo male with chest pain, dyspnea and right upper quadrant pain

**HPI:** 2-3 week of intermittent sharp chest pain radiating to left arm and pleuritic in nature, unsure if gets worse with exertion.

1 week of dyspnea that worsens with exertion and lying flat.

He had severe RUQ pain in the last 5 days, associated with nausea, vomiting (non bloody), fever and chills. He reports similar RUQ pain during a prior admission where he was told that he may need cholecystectomy.

**ROS:** negative for LE edema, palpitations, syncope, diarrhea, constipation

**Vitals:** T: 98 HR: 105 BP: 140/96 RR: 20 Sat: 97% RA

### Exam:

**Gen:** JVD with positive hepatjugular reflux

**CV:** tachycardic, no murmurs

**Pulm:** in respiratory distress, no crackles

**Abd:** RUQ tenderness, no Murphy sign

**Extremities/skin:** no leg edema

### Notable Labs & Imaging:

#### Hematology:

WBC: 9.6 Hgb: nl Plt: nl

#### Chemistry:

Na: 134 Cr: 1.27 AST: 67 ALT: 64 Alk-P: 130 Bili: 1.3

TnT: 22.5 -> 20.8 BNP: 6988



#### Imaging:

EKG: RVH, no concerning features for myocardial infarction

CXR: cardiomegaly without other findings

CTPE: no signs of PE

RUQ abdominal: thickened gallbladder wall (8 mm) with pericholecystic fluid, no gallstones, no bile duct dilation

Patient said he ran out of his meds. Was started on furosemide and metoprolol, Flagyl and cefepime.

Reported intermittent epigastric tenderness. Physical examination was only concerning for mild epigastric tenderness.

RUQ pain improved with furosemide. Patient improved and wanted to leave.

**Dx:** ADHF with hepatic congestion

**Problem Representation:** 51 yo male with long-term meth use and recently diagnosed with CHF presents with subacute chest pain and dyspnea and acute RUQ pain. Has right-sided congestion, RVH and thickened gallbladder wall.

### Teaching Points (Glen)

-CP: 4,2,2. Heart abn, lungs(Pleura). RUQ pain could be irritated by the pleura. Better to characterize the pain and know timeline.

-Timeline: myocardium(ACS, cardiomyopathy) abn and to r/o PE, HF exacerbation and pericarditis(positional).

-RUQ pain: could be unrelated(biliary disorders, hepatitis) or related e.g (RLL pneumonia). Exam will be helpful.

-JVP: Right sided HF(inflammatory) from IE, Myocarditis. R/O PE which could be worsening HF, tamponade. Next CXR, formal echo, BMCS.

-Meth use <Pulm HTN.

-Cardiomegaly: could be from chronic pulm HTN which explains SOB.  
-Thickened gallbladder wall: cholecystitis, could have passed the stone or right sided HF.

-Renal failure: Cardiorenal syndrome.

-Epigastric tenderness: Could be due less absorption of meds from gut edema. R/O pancreatitis, PUD. Intra-abdominal imaging could be helpful.

### PMH:

CHF diagnosed 3 weeks ago in outpatient setting HTN

Long-term meth use (quited 2-3 years prior)

### Meds:

Unclear if GDMT for HF "Water pill"?

### Fam Hx:

### Social Hx:

### Health-Related Behaviors:

smokes ¼ pack daily for last 25 years

### Allergies: