2/20/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter***: *Sneha (@)* ***Case Discussants***: *Rabih (@rabihmgeha) & Mengyu (@)*

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

Scribing (Julia)

CC: 28M in a wheelchair presented with abdominal pain with dizziness x2 weeks

HPI: **3 days prior** to presentation he had visited ED with abdominal pain for 2 weeks and was treated w PPI.

2 weeks: B/L knee pain and swelling of both feet and was treated with NSAID.

5 months: SOB, giddiness and intermittent epigastric pain

3 months: syncope

ROS: - for visual, oral or genital sore, skin issue, joint pain except knee, CP, palpitation, cough, nausea or urinary symptom
+ Frequent semi-solid stools, weight loss 4-5kg in 6 months

PMH: none

Meds:

Fam Hx: none

Social Hx: IT professional, not working for the past 6 months
Lives in India

Health-Related Behaviors: none

Allergies:

Vitals: T: **HR**: 106 (reg) **BP**: 90/70 **RR**: 24 **Sat**: 97% RA **BMI**:

Exam: Gen: He appeared ill, slightly emaciated.
HEENT: No icterus, no edema, no JVD
CV: Normal S1, Loud P2, parasternal heave
Pulm: wnl **Abd**: wnl **Neuro**: wnl
Extremities/skin: no joint swelling or tenderness

Notable Labs & Imaging:

Hematology: **WBC**: 3400 (normal diff) **Hgb**: 10.1 **Plt:** 0.81
Smear: pancytopenia, no atypical cells

Chemistry:
Na: 137 **K**: 4 **Cr**: 1.01 **BUN**: 10 **Ca**: 7.7 (8.7 corrected) **Albumin**: 2.8
UA: 1+ protein | **ESR**: 24 | **CRP**: 11 | **PCR** wnl
Trop 27.5 | **BNP** > 700 | **D-dimer** 221 (neg) | **Uric acid** 7.4
Chikungunya RT PCR neg | **RF** neg | **Anti-CCP** neg
ANA 2+ positive | **Anti PR3** weak positive | **anti SnRNP** positive
Anti Sm, **SS-A**, **RO**, **SCL 70**, **Jo-1**, **histone** including dsDNA neg
ACE normal | **C3 and C4** normal | **FT4** 1.19 | **TSH** 2.73
HIV positive | **Viral load** 3,21,000 | **CD4 count** 75

Imaging:
EKG: RBBB w ST depression in leads III, aVF, V2-V4
Echo: RA, RV dilated, RVSP 73, normal LV function, mild tricuspid regurgitation, LVEF 62%
USG whole abdomen: hepatomegaly, gallbladder wall edema, bilateral thin pleural effusions and minimal ascites
CTA: cardiomegaly with features of pulmonary hypertension, small pericardial effusion, diffuse ground glass attenuation and small alveolar densities in both lungs, possible infective.

Dx: Newly-diagnosed HIV

Problem Representation: 28 male from India with 5 months of progressive dyspnea, weight loss, syncope, and 2 weeks of abdominal pain, found to have pancytopenia, positive ANA/anti-RNP, and severe pulmonary hypertension w RV dilation and signs of systemic congestion.

Teaching Points (Glen)

-ABDO pain: R/o VIPO(life-threatening). Subacute < Unpacking pain characteristics and help.
-GIDDINESS: neurological feature esp on wheelchair or goes with severity of abdo pain.

-KNEE PAIN AND SWELLING: Multisystem process. Heart, liver and renal(inc IgA nephropathy and IBD).
-LOUD P2 & PARASTERNAL HEAVE: RV hypertrophy and pulm hypertension (severe with a heave) (In young pt mostly type 1).

-HEMO COMPROMISE: Heart vs vessels(hemorrhage, sepsis, anaphylaxis). Not a vessel issue because there is blockage in the heart(loud P2). EKG imp from here.

-EKG: Right ventricular strain. Type 2,3 unlikely. Microscopic (seen in CT) and macroscopic cause likely. Class I can have abdo findings inc hepatomegaly. Causes inc HIV, Schistosomiasis, autoimmune.

-PANCYTOPENIA: Space occupying lesion or bone marrow dx. Make progress with hemolysis workup.
-Anti SnRNP: If pos, usually associated with pulm HTN and raynaud phenomenon.

-Diffuse GGO: Could explain pulm HTN, R/o PVOD but unlikely to also cause pancytopenia, granulomatous disease, Gaucher's dx.
-DEGREE OF PANCYTOPENIA Substance(Vit B12, scurvy) or lupus
-GGO: water, blood, solid. MCTD, Lupus.