# 5/24/26 Morning Report with @CPSolvers

*"One life, so many dreams"* ***Case Presenter****: Yousef Shad (@)* ***Case Discussants****: Noah (@Noah_Nakajima) & David (@davserantes )*

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

Scribing (Gillian)

**CC**: 68 yo F w/ 1 week of progressive dyspnea in the context of subacute weakness and functional decline.

**HPI**: Over the past 6 mo, patient has had general fatigue, night sweats, weight loss (50 lb), loss of appetite. Never had fever. Required a walker to ambulate (from robust baseline). Worked up for possible heme malignancy, recent EGD/colonoscopy w/o source of bleeding or malignancy. 1 week increasingly SOB on exertion, now at rest. Increasingly using salbutamol inhaler w/ mild improvement

**ROS**: No associated chest pain, orthopnea, PND, syncope, cough, heart palpitation, wheezing, chest tightness. No objective fever.

**PMH**: GERD w/ hiatal hernia, asthma, chronic back pain, hypothyroidism

**Meds**: celecoxib, pregabalin, omeprazole, levothyroxine

**Fam Hx**: sister w/ itp, daughter with graves No family hx malignancy

**Social Hx:** live in house with husband, pets, retired, travel on cruise to British isles 6 mo ago

**Health-Related Behaviors:** No substance use

**Vitals: T:** 36.8 **HR:** 68 **BP:** 110/39 **RR:** 14 **Sat:** 96% 2L nasal cannula

**Exam: Gen:** pale, normal mentation, generally well appearing

**HEENT:** no dental caries, no LAD

**CV:** high pitched murmur at left upper murmur, rumbling murmur at the apex, no thrills/heaves, JVP elevated 3-4 cm ASA

**Pulm:** no wheeze, bibasilar crackles, no respiratory distress

**Abd:** soft, nontender, w/o palpable spleen, liver

**Neuro:** CN II-XII intact, 5/5 strength in extremities, normal sensation

**Extremities/skin:** no edema, cap refill <2, warm, small 3x4 cm superficial burn w/o surrounding erythema/warmth/drainage

**Notable Labs & Imaging:**

**Hematology:**

WBC: 8.4 (Neut 6.9) Hgb: 7.5 (from 11.5) Plt: 200 MCV: 81.7

**Chemistry:**

Na: 137 K: 4.6 Cl: 104 HCO3: 21 AG: 10 Cr: 0.9

AST: nl ALT: nl Alk-P: Bili: nl Albumin: 2.7

ESR: CRP: 87 (nl <1) LDH: nl retic: 23 (nl)

Trop: 146 (cutoff 16); BNP:1900 (nl <16); D-Dimer:1200 (nl <500)

Iron: 3.6 TSat: 6% ferritin: 174

**VBG:** nl; Hemolysis labs neg

Blood Cx: strep gordonii

**Imaging:**

EKG: nl sinus rhythm

POCUS: normal EF, jet color between right and left ventricle, aortic valve thickening, small MR and AR IVC >2 cm, >50% collapsible, bl pleural effusions

CT Ches PAt: no pulmonary emboli, interstitial edema, bilateral pleural effusion

CT Abdomen: large splenic infarction w/ splenomegaly, large hiatal hernia, stable liver hypodensity

Echo: mobile echodensities on three valves w/ severe AR, mild MR/TR, severe left to right, aortic root abscess on coronary and non coronary leaflets,

**Dx: Subacute endocarditis with aortic root abscess + pseudoaneurysm due to strep gordonii**

**Problem Representation**: 68 yo F w/ chronic inflammatory disease and acute worsening dyspnea found to have iron deficiency anemia (w/ component of anemia of chronic disease), signs of inflammation, VSD on echo, and left heart failure w/ preserved ejection fraction. Found to have

## Teaching Points (Ramaswamy)

-**Dyspnea + functional decline - cause or a consequence**

- SOB => Diaphragm vs Heart/Lungs
- *Easy tests to assess ventilation - VBG - CO2 retention; Negative Inspiratory Force (NIF) test*
- *Mediastinal involvement - JVP (+) and SOB (+) w/o edema*

- **Approach to Weakness/functional decline** -

- Muscular vs asthenia /Generalized vs focal - CNS exam to differentiate
- Weakness - Bone, Muscle, nerve, NMJ, nerve roots, metabolic
- *Worth considering anemia*
- Exercise intolerance must be assessed to understand baseline vs at what point the patient has decline

-**Bibasilar crackles** -

- Autoimmune conditions - ILD vs other autoimmune conditions
- In the context of elevated JVP - pulmonary HTN is worth keeping in the differential

-**Widened pulse pressure** -

- *Severe anemia => elevated SBP => widens PP; can cause pallor. Worth looking at CBC and MCV*
- *Aortic regurgitation*

-**POCUS findings of jet b/n RV and LV** -

- VSD - congenital or acquired (post procedure/ischemic [should be pretty devastating)
- Congenital VSD + anemia => infection? Subacute endocarditis/ colon as a source.

-**Iron def** - Skin/Hemosiderosis/Mass chelating iron/GI or GU bleeding

*- S. mutans and S. gordonii have high IE prevalence*