6/9/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Sam (@samkeenanbarry)* ***Case Discussants****: Ravi (@rav7ks) & Kirtan (@KirtanPatolia)*

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

Scribing (Javier)

CC: 62 years old man brought by ambulance due to cough with SOB

HPI: EMS report 2 pressures with 70s systolic, temperature of 100F, heart rate in low 100s, O2 sat of 90%, started him on fluids

- Symptoms started 2 weeks ago, significantly worsening over the last few days.
- Also having episodes of night sweats, chills, and near syncope
- Last month was working on his daughter's barn and had a known mold exposure after which the cough started 2 weeks ago

Found a tick on his body 1 month ago

Has tried Tessalon Perles and albuterol with no relief

Decreased PO intake

ROS: Chest pressure and near syncope, rest normal

PMH: unstable angina s/p DES in L PDA, CHF, HTN, HLD, seizures

Meds: aspirin, plavix, atorvastatin, baclofen, bupropion, diltiazem, gabapentin, naltrexone, nitro PRN

Fam Hx: non refered

Social Hx: 6 pcks-y history and Alcohol in remission

Allergies: anaphylaxis to bee stings

Vitals: Vitals s/p 2L fluids: 100.4F, 98, 95/57, 18, 90% RA

Exam: Gen: icteric

HEENT: Scleral icterus

CV: irregularly irregular

Pulm: Clear

Abd: Normal

Neuro: non focal deficit

Extremities/skin: Warm, dry, pale, jaundiced.

Notable Labs & Imaging:

Hematology:

CBC: WBC 8.2, Hgb 12, Hct 34.9, Plt 63, pmns 84% (H), 2% reactive lymphs

Chemistry:

Na: 133 K: 3.1 Cl:99 HCO3: 34.9 Cr: 2.79 BUN: 55 Glucose: 145 EGFR:

AST: 91 ALT: 89 Alk-P:170 BiliT: 2.9 Direct: 2 Albumin: 2.6 Total Protein: 5.8

Mag 1.9, Lactate 3, INR 1.6, CRP 204

D-dimer 1803 (<230) Trop 37 → 39

Imaging:

EKG: New onset AFIB

CXR: Normal

COVID and flu: ng, Legionella antigen: negative

Smear : Teardropo cells and Vacuolated PMNs

TTE: no abnormalities.

CT: no PE, no mediastinal lymphadenopathy

CT abdomen with contrast: hepatic steatosis, splenomegaly. No ascites

UA: non inflammatory, no hematuria, 100 protein

Blood cultures: negative

PCR: positive for Anaplasma, negative for other tick borne diseases.

Dx: Anaplasmosis

Problem Representation: 62 ys old man with multiple comorbidities now with subacute respiratory syndrome (cough and SOB) with recent exposure to tick and mold associated with jaundice and thrombocytopenia

Teaching Points (Mitch)

Cough/SOB + Hypotension: 2 systems at play

- Use Cough/SOB as a starting place to investigate respiratory system. Is the hypotension a result, or separate problem?

Hypotension: Is this Sepsis?

- Addressing objective data early. Assessing for signs of sepsis (high mortality cause of hypotension)
- **SHOC:** Sepsis, Hemorrhagic, Obstructive, Cardiac

Acute on Subacute: Constitutional symptoms (syncope, night sweats, chills) with an acute CV insult (SOB, hypoxia, hypotension)

Localizing the problem: Chest v Blood

- Is this a structural issue in the chest (lung abscess) versus a substance in the blood (systemic infection, inflammation)
- Don't anchor initially on mold/tick exposures, think broadly.

Night Sweats: Think smoldering infections (TB, abscess, osteo) or malignancy

Lung negative SOB: Points toward the blood (normal auscultation and XR)

- Scleral icterus: Already on exam hinting towards a hemolysis or biliary issue. Scleral icterus -> limb jaundice

Transaminitis + Thrombocytopenia: Pattern association of objective data for tick borne illness. Evaluate sequence of exposure and symptom evolution.

Thrombocytopenia + Splenomegaly: Activated Reticuloendothelial system

- Tick + atypical zoonotic, lepto, parasites, malaria, viral, granulomatous disease, etc. (bacteria > viral given neutrophil activation)