8/23/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (Kevin@allein.zu.haus)* ***Case Discussants****: Julia Z(@juliazanco) & Lourenco(@lourenco_garcia)*
https://clinicalproblemsolving.com/present-a-case/

Scribing (Noor+ Lera):
CC: 68 yr old M presents with dyspnea and LE swelling
HPI: Symptoms present for almost a year [October -> August]. Dyspnea initially on exertion, now at rest, gained 10 kgs weight. Was given Torsemide w/o improvement.

ROS: minimally productive cough with clear sputum, "chest pressure"

PMH:
CAD- 2022 last stent
Atherosclerosis of carotid
HTN
Barrett's Esophagus
Mitral Regurg
HLD

Meds:
ASA
Ramipril
Lercanidipine
HCTZ
Bisoprolol
Rosuvastatin
Pantoprazole
Torasemide

Fam Hx:
N/A
Social Hx: lives with wife, smoked nicotine for 40 pack years-stopped 3 yrs back
EF slightly decreased

Health-Related Behaviors:

Allergies:

Vitals: T: 36.2 **HR**: 67 **BP**: 155/75 **RR**: 15 **Sat**: 98 **BMI**:27
Exam: Gen: dyspnea at rest, axillary, inguinal LN
HEENT: Diffuse LAD
CV: nl **Abd**: nl **Pulm**:decreased breath sounds, BL crackles
Extremities/skin: BL leg swelling

Notable Labs & Imaging:
Hematology: WBC: nl Hgb: 9.9 →10.5 Plt: nl MCV:
Chemistry: K: 3 **Ca**: 1.8 mmol [= 7.2 mg/dL]
Alb: 17.8 [in US units 1.78] Cr: 2.7 LDH: 300

UA: Microhematuria, proteinuria, glucosuria
EKG: Complete left branch block
POCUS: bl pleural effusions + pericardial effusion, slightly decreased heart function **CXR:**Pleural effusion on left
Echo: EF slightly decreased

USG Abd: Hepatomegaly, splenomegaly 15.5 cm, Hepatic Steatosis grade 2, sludge in the GB
1.5 L transudative vs exudative fluid drained.
USG of LN: Highly suspicious lymphadenopathy axillary, inguinal

Urine:UACR 12000 , alpha 1 microglobulin 320, erythrocytes, protein>1000,Glucose 250

Biopsy of LN / pleural effusion: Marginal cell Lymphoma

Diagnosis:Marginal cell Lymphoma with suspicion of monoclonal Gammopathy

Problem Representation: 68 yr old M with PMH of HTN, CAD presents with sub acute SOB, LE swelling and reticuloendothelial activation with renal involvement found to have Marginal Cell Lymphoma with potential Monoclonal Gammopathy.

Teaching Points (Lukas)
CC: Dyspnea (+ Volume overload) –> dyspnea pyramid
Heart, lungs (PAH), kidneys, liver vs hypoalbuminemia, hypothyroidism, spec. drugs
Look for congestion stigmata: Ascites, edema (compressive vs non compressive), weight gain (cave: if edema + weight loss!), orthopnea, CV risk factors
Hefpef (don't miss out amyloidosis) vs HefRef
→ common is common (autopilot), but look for atypical presentations
E..g here: hematuria in patients with suspected heart failure, hypoproteinemia, hypocalemia, hypocalcemia

LBBB (new) + CP = STEMI until proven otherwise vs in context without dynamics in troponin

Lymphadenopathy: Look out for risk factors (e.g. smoking), check if it follows expected metastasizing ways (mediastinal >> retroauricular vs disseminated)
- Check lymphatic organs for enlargement (Hepatosplenomegaly think RESpathies/heme onc/lymphoma e.g. macrophage disease)

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Health-Related Behaviors:

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HEENT:

CV:

Pulm:

Abd:

Neuro:

Extremities/skin:

Notable Labs & Imaging:

Hematology:

WBC: Hgb: Plt: MCV:

Chemistry:

Na: K: Cl: HCO3: Ca: Mg: BUN: Cr: Glu:

AST: ALT: ALP: T. Bili: T. protein: Alb:

ESR: CRP: LDH:

Imaging:

EKG:

CXR:

Echo:

Problem Representation:

Teaching Points ()