

## Clinical Pathologic Conference: May 16<sup>th</sup>, 2003

**Chief Complaint:** The patient is a 64 year old man c/o shortness of breath and cough for 1 month.

**HPI:** The history begins approximately eleven years ago when the patient began smoking one pack of cigarettes a day. The patient was in his usual state of good health until 1 month prior to admission. At that time, the patient began experiencing generalized weakness. He also complained of mild shortness of breath on exertion and a cough during this time. The cough was described as nonproductive. His shortness of breath slowly increased during the month. His exercise tolerance decreased from several blocks to less than one block. He also stated that he had unintentionally lost 10 lbs over the course of the month.

He denies fevers, chest pain, night sweats, hemoptysis, abdominal pain, nausea, vomiting, diarrhea, skin rashes or joint pain. He also denies TB exposure, sick contacts, HIV risk factors or recent travel. He did complain of straining to urinate for two days prior to admission.

**PMH:** None

**PSH:** Appendectomy over 30 years ago

**Meds:** None

**Allergies:** NKDA

**Social History:** The patient is a chiropractor. He is single and reports occasional alcohol use and no drug use.

**Family History:** Noncontributory

### **Physical Exam:**

<i>General</i>	Elderly man lying in bed in no distress
<i>Vitals</i>	T 98.7                      HR 76                      BP 140/80                      RR 14                      O <sub>2</sub> Sat 98%RA
<i>HEENT</i>	PERRL, EOMI, no scleral icterus, oropharynx clear
<i>Neck</i>	Supple, full ROM, no JVD
<i>Lungs</i>	CTA b/l
<i>Heart</i>	S1, S2, RRR, no murmur/rub or gallop
<i>Abdomen</i>	Soft, +BS, NT, ND, no hepatosplenomegaly
<i>Ext</i>	trace pedal edema b/l up to knee, 2+ pulses b/l, no clubbing
<i>Genitalia</i>	No scrotal masses or swelling
<i>LAN</i>	No palpable nodes
<i>Rectal</i>	Large, firm prostate, no nodules, brown stool guaiac negative
<i>Skin</i>	No rashes
<i>Neuro</i>	Nonfocal

**Labs:**

WBC	14.9	Na	136
Neut	87%	K	4.2
Lym	9%	Cl	100
Mono	3%	HCO <sub>3</sub>	24
Eos	1%	Bun	22
Hgb	13.9	Cr	2.0
Hct	41.8	Gluc	99
Plts	329	Ca	9.4
MCV	91	Mg	2.0
RDW	18	Uric Acid	8.6
PT	15.1	ESR	41
PTT	30.5		
SGOT	16		
SGPT	25		
AP	115		
T.Bil	1.0		
D.Bil	0.2		
Alb	3.2		

U/A: yellow, clear, pH 6.0, SG 1.006, moderate leukocyte esterase, neg glucose/bili/blood/protein/nitrate, 2-5 WBC, 0-2 RBC

EKG: Sinus tachycardia at 93 bpm, LVH, no ST/T wave abnormalities, no Q waves

CXR: Posted outside BH Chiefs' office (16N)

Chest CT: Posted outside BH Chiefs' office (16N)

**Hospital Course:** On admission the patient was found to have urinary retention relieved by a foley catheter. GU evaluated the patient and believed obstructive presentation due to BPH. Over the next week, the creatinine normalized. The patient's cough and dyspnea continued without change.

A diagnostic procedure was performed.