**Identifying Data:**

Full Name: M.L.

Sex: Male

DOB: XX/XX/1960

Race/Nationality: Haitian

Primary Language: Creole

Address: Manhattan, NY

Date & Time: 02:00PM 03/29/22

Location: Metropolitan Hospital

Source of Information: Self & Medical Records

Reliability: reliable

Source of Referral: N/A

**Chief Complaint:** progressive shortness of breath x2 weeks

**HPI:**

M.L., 61 y/o female, PMHx stage 4 breast Ca with metastasis to lung and brain, currently on chemotherapy presents for progressive SOB x2 weeks. The SOB occurs at rest and is exacerbated by walking short distances but does not awaken her at night or cause her to sleep in an upright position. She had similar symptoms one month prior and was admitted for a pleural effusion s/p thoracocentesis 2/25-3/1 which had initially alleviated her symptoms. Admits to feeling heart racing. Denies chest pain, cough, fevers/chills, abdominal pain, N/V, or leg swelling.

**Past Medical History:**

* Breast Cancer b/l – Diagnosed 2021. Stage 4 with metastasis to lung and brain
* Hyperkalemia
* Constipation

*Immunizations*

* Up-to-date on immunization schedule
  + Influenza (annually)
  + SARS-CoV-2 3 doses

**Past Surgical History:**

* Biopsy of Right breast – 2021

**Current Medications:**

* Multivitamin OTC PO 1x/daily
* Ondansetron 4mg PO q8h PRN
* Prochlorperazine 10mg q6h PRN
* Sennosides 17.2mg PO at bed time

**Allergies:**

* NKDA or environmental/food allergies

**Family History:**

* No reported family Hx of cancer

**Social History:**

* Social Habits – No alcohol use. Non-smoker. No illicit drug use.
* Travel – Denies recent travel
* Occupation – retired
* Marital History – Single
* Diet – No dietary restrictions.
* Sleep habits – unknown
* Exercise – Able to ambulate several blocks at baseline without feeling SOB.
* Sexual History – unknown

**Review of Systems:**

* General
  + **Admits to generalized weakness/fatigue, weight loss, loss of appetite**
  + Denies fever/chills/night sweats
* Skin, hair, nails
  + Denies rash, pruritis
* HEENT
  + Denies headache, vertigo, new head trauma, visual disturbances, photophobia, tinnitus, ear pain, congestion, epistaxis
* Pulmonary System
  + **Admits to shortness of breath**
  + Denies cough, wheezing, hemoptysis, cyanosis, orthopnea, or PND
* Cardiovascular System
  + Denies chest pain, known murmur, palpitations, irregular heartbeat, or syncope
* Gastrointestinal System
  + **Admits to decreased appetite**
  + Denies N/V/Constipation, abdominal pain,diarrhea, rectal bleeding/blood in stool.
* Genitourinary System
  + Denies incontinence, changes in frequency, nocturia, oliguria, polyuria, abnormal color of urine, flank plain, or dysuria
* Nervous System
  + Denies loss of strength, change in cognition/mental status, changes in memory, seizures, headache, loss of consciousness, & ataxia
* Musculoskeletal System
  + Denies deformity, swelling, redness, pain
* Peripheral Vascular System
  + Denies intermittent claudication, coldness/trophic changes, varicose, or color change
* Hematologic System
  + No Hx of DVT/PE or anemia
* Endocrine System
  + Denies polyuria/polydipsia/polyphagia, heat/cold intolerance, excessive sweating
* Psychiatric
  + Denies Hx of anxiety, depression, obsessive/compulsive disorder, or other psychiatric illnesses

**PHYSICAL EXAM**

Vital Signs:

BP: 145/88mmHg – sitting, R arm RR: 20 breaths/min Pulse: 122 bpm

T: 97.5F (oral) SpO2: 100% on room air

Height: 5’1 inches Weight: 98 lbs BMI: 18.5 kg/m2

General Appearance: Alert & Oriented x3. No acute distress. Not diaphoretic. Appears reported age and well groomed. Appropriate body habitus.

Head: normocephalic, atraumatic.

Eyes: No ptosis or miosis. PERRLA. No strabismus/exophthalmos. Sclera white, cornea clear, conjunctiva pink. No erythema of lacrimal sack.

Ear: Appropriate in size. No lesions/masses/trauma visualized on external ear.

Nose: Symmetrical, no external masses/lesions/deformities/trauma/discharge.

Mouth & Throat:

Lips: Pink and moist. No cyanosis, lesions, or ulcerations

Oral Mucosa: Pink &Moist. No masses/lesions noted. No leukoplakia.

Palate: Pink. No visible lesions/masses/scars.

Teeth: Intact without visible dental carries. All teeth have appropriate shape.

Gingivae: No hypertrophy or recession. Unremarkable

Tongue: Pink, well papillated. Frenulum intact. Appropriate shape/size. No masses/lesions/deviation.

Oropharynx: Hydrated, no exudate/masses/lesions/erythema/postnasal drip/foreign bodies noted. Grade 2 tonsils. Uvula pink, midline with no lesions or edema.

Neck: No palpable goiter.Trachea midline. No lesions/pulsations noted. No stridor noted. No cervical adenopathy. No carotid pulses/thrills/bruits heard on auscultation.

Cardiovascular: PMI located at the 5th ICS in midclavicular line. Carotid pulses are 2+ bilaterally without bruits. **Tachycardic.** Regular rhythm. No murmurs. Normal S1 & S2. No splitting of S2 or friction rubs appreciated.

Pulmonary: Chest symmetrical with no deformities or trauma. Lat/AP diameter 2:1. Normal chest expansion and diaphragmatic excursion. No adventitious breath sounds.

Skin: **Multiple masses noted on b/l breast, chest wall, and back.** Warm and moist**.** Non-icteric. No tattoos noted. No visible moles.

Hair: Average quality, quantity, & distribution. No seborrhea/lice/dandruff noted

Nails: Capillary refill <2 seconds in bilateral upper and left lower extremities. Appropriate color, shape, and thickness.

Musculoskeletal: No erythema / ecchymosis / atrophy or deformities in bilateral upper and lower extremities.

Peripheral Vascular: Warm to touch bilaterally. Radial pulse 2+ b/l. No edema or ulcerations. Calves equal in circumference. No palpable cords bilaterally.

**Assessment:**

61 y/o F PMHx metastatic breast Ca presents with SOB and tachycardia. Bedside cardiac echo shows small pericardial effusion abnormality on left ventricle suspicious for mass.

**Differential Diagnosis:**

1. Pericardial Effusion
   1. Confirmed by cardiac echo. Likely secondary to malignancy but must r/o infectious, vascular, primary cardiac, and other inflammatory causes
2. Cardiac mass
   1. Echo shows well demarcated mass on right ventricular wall. Suspicious for metastasis. Must r/lo thrombi, vegetation, and calcified lesion.
3. Pulmonary Embolism
   1. Well’s score 5.5 moderate risk. PERC score 2. Although PE cannot be ruled out, cardiac echo demonstrates the most likely etiology of symptoms.
4. Cardiac Tamponade
   1. Ruled out on cardiac echo by demonstration of sufficient cardiac filling.
5. Anemia
   1. Tachycardia secondary to anemia cannot be ruled out. CBC ordered for further evaluation.
6. Pneumonia/pleural effusion
   1. PNA/pleural effusion cannot be ruled out. CXR ordered for further evaluation.
7. Myocardial Infarction
   1. Pending EKG and trop to r/o. Less likely given pt has no chest pain, not diaphoretic, & in no acute distress
8. Heart failure
   1. Bedside echo does not show signs of dilated ventricles. Pt does not clinical signs of fluid overload such as JVD or LE edema.

**Plan:**

* Cardiovascular
  + #Pericardial Effusion
  + #Ventricular mass
  + #Tachycardia
    - Labs:
      * CBC, BMP, Troponin, Creatine Kinase, PT/PTT
    - EKG
    - Consult Cardiothoracic surgery
      * Evaluate if candidate for pericardial window and further imaging modalities for confirmation of cardiac mass visualized on bedside echo
* Pulmonary
  + #Shortness of breath
    - CXR, VBG w/ lactate
* Other
  + Diet: NPO pending cardiothoracic consult
  + Code: Full code
  + Disposition: Close monitoring and reassessment after imaging results

**Interesting case, consider if small pericardial effusion is etiology of patients symptoms, complete eval w/ XR for recurrent effusion, trop, BNP etc, also warranted.**