Name: CC (1980710)
Age: 52
Address: NY, NY
Date & Time: Aug 31, 2020 @ 1:27 PM
Location: Metropolitan Hospital
Reliability: Reliable
Source of Information: patient
Source of Referral: self

CC: lower back pain x 7 days
PHI: 54yo M with PMH of HTN and anemia, presents with lower back pain x 7 days. States that yesterday the pain started radiating from his lower back, to his entire abdomen, and stops at his midchest. Pt describes the pain to be sharp, on and off, 10/10, alleviated with walking around and sitting hunched over, previously helped by Tylenol but not anymore. Pt also has nausea and vomiting (2x yesterday and 2x this morning, with food contents), subjective fever, and fatigue. Pt works in a wine store, and says that due to COVID no employees come to work and patient needs to move heavy boxes, and run errands. Denies history of GERD, recent new foods, family history of heart disease, dizziness, SOB, stool /urinary changes.

PMH:	Hypertension, Anemia
Surgical history:	none
Social History:	stopped smoking and drinking 10 years, denies illicit drug use
Family History:	mother and father are alive and well sister has kidney disease dx in 40s and passed in 60s
Medications:	none
Allergies:	NKDA

ROS
General: admits to fatigue
Skin/Hair/Nails: no complaints
Head: denies H/A, dizziness, trauma
Eyes: no complaints
Ears: no complaints
Nose: no complaints
Mouth: no complaints
Neck : no complaints
Heart: denies C/P, palpitations
Lungs: denies SOB, PND, orthopnea, sputum production
GI: admits to generalized abdominal pain, nausea and vomiting. Denies change in appetite, heartburn, hemoptysis, stool changes, food intolerance, nor history of GERD.
Vascular: admits to history of anemia.
Urinary: no urinary sx.
MSK: lower back pain that radiates to general abdomen to midchest
Neuro: no complaints
Psychiatric: no complaints

PE:
VS: BP 150/90, Pulse 85, RR 18, Temp 98 F, O2 100%
General: A&Ox3, no apparent distress, well appearing, sitting in chair during interview
Head: atraumatic, non tender
Eye: PERRA, EOM intact
Nose: --
Mouth: --
Ears: --
Neck: no lymphadenopathy, ROM intact
Chest: clear S1, S2, no murmurs appreciated
Lungs: CTA, no adventitious sounds
Abdomen: non distended, no bruising appreciated, hypoactive bowel sounds in LLQ, RRL and RUQ quadrants; non tender to palpation in all 4 quadrants. Negative rebound tenderness, mcburney's tenderness, rovsing's sign, murphy's sign, obturator/psoas sign.
MSK: tenderness noted on paraspinal regions of lumbar spine
Vascular: --
GU: negative CVAT

Assessment:
54yo M with PMH of HTN and anemia, presents today with sharp lower back pain that radiates to abdomen and midchest, with associated nausea and vomiting. Elevated BP likely due to uncontrolled HTN, but rest of VS unremarkable. Pt had decreased bowel sounds but rest of PE was unremarkable. Need to rule out AAA and nephrolithiasis, consider gastritis in combination with musculoskeletal pain due to physical stress from work.

Plan:
CBC, CMP, LFT, Lipase to check for electrolyte abnormality, infection and liver dysfunction.
U/S to rule out AAA, nephrolithiasis/hydronephrosis, and cholecystitis.
EKG and Troponin to r/o cardiopathy
Treat nausea with GI cocktail (Maalox, Pepcid and Zofran), and back pain with Ketolorac

Labs:
CBC Elevated WBC 16
Low Hb/Hct 8.2/26.4
Elevated neutrophil % (84.7%) and absolute neutrophil count (13.64)
BNP Elevated Random blood glucose 133
UA Ketones (40), Protein (30), Bacteria (Moderate)
WNL Mg, Phosphorus, Lipase, Lactic acid, LFTs, Troponin

CT Abdomen Impression (performed when pt returned to ED 9/2/20):
Small non obstructing kidney stones in L kidney
Distension of stomach, with narrowing at antrum and duodenum, with wall thickening, edema, and trace fluid possible from "thin-walled/sealed off ulceration".
No free air
Hiatal hernia and thickening of wall in distal esophagus.
Findings likely represent PUD, however GI evaluation is recommended to exclude malignancy.

Original diagnosis on 8/31/20
Gastritis + Musculoskeletal pain
(Pt was treated with Maalox, Pepcid, Zofran and Ketorolac. Educated on return precautions.)

Final diagnosis on 9/2/20
Bleeding duodenal ulcer 2/2 H. pylori