Martin is midway through his PGY-1year in your residency program.

HPI

Mr. Q is a 50 y/o African American male who presents feeling sick. On Sunday, he had a runny nose and some sneezing. Then, on Monday, he developed a sore throat. He started coughing green mucous on Tuesday, the same type of mucous that was coming from his nose. On Wednesday, he slipped on the ice, but he didn’t fall. On Thursday, he started to hear a whistling noise when he coughed. He’s had other colds like this before. Rest usually makes it better and smoking makes it worse.

PMH

COPD

L ankle sprain, age 42, while playing soccer

Appendectomy, age 23, at a hospital in NYC, but he can’t remember which one

Meds and Allergies

He was given a combivent inhaler in 2006, but he can’t find it.

Social History

He has a 45 pack year smoking history and smokes Camel unfiltered cigarettes

No alcohol, no illicit drugs, unless you count marijuana

He is a postal worker and traveled to Germany at age 9

Physical Exam

Gen: Thin male, appears older than stated age

VS: T 101, P 105, BP 100/72, R 22, O2 Sat 87% RA

CV: RRR, nl S1 and S2, no murmurs, no edema

Lungs: Diffuse expiratory wheezing, increased A-P diameter, clubbing

EKG

Sinus tachy at 105

CXR

LLL infiltrate, hyperinflation, bronchial cuffing

A/P

My Ddx is sarcoidosis, CHF, PE, lung cancer. All these can cause hypoxia. Our last patient looked similar and turned out to have sarcoid. CHF and PE are common in middle aged men. Lung cancer…maybe that should be first on the list b/c he’s a smoker.

I want to order:

A chest CT with PE protocol

An echocardiogram and stress test

A chest MRI to look for lymphadenopathy

Consult pulmonary for bronchoscopy and biopsy

Pulmonary function tests and ABG

Let’s start with smoking cessation, steroids, furosemide, and a heparin gtt.