PHYSICON

by IMCU 1

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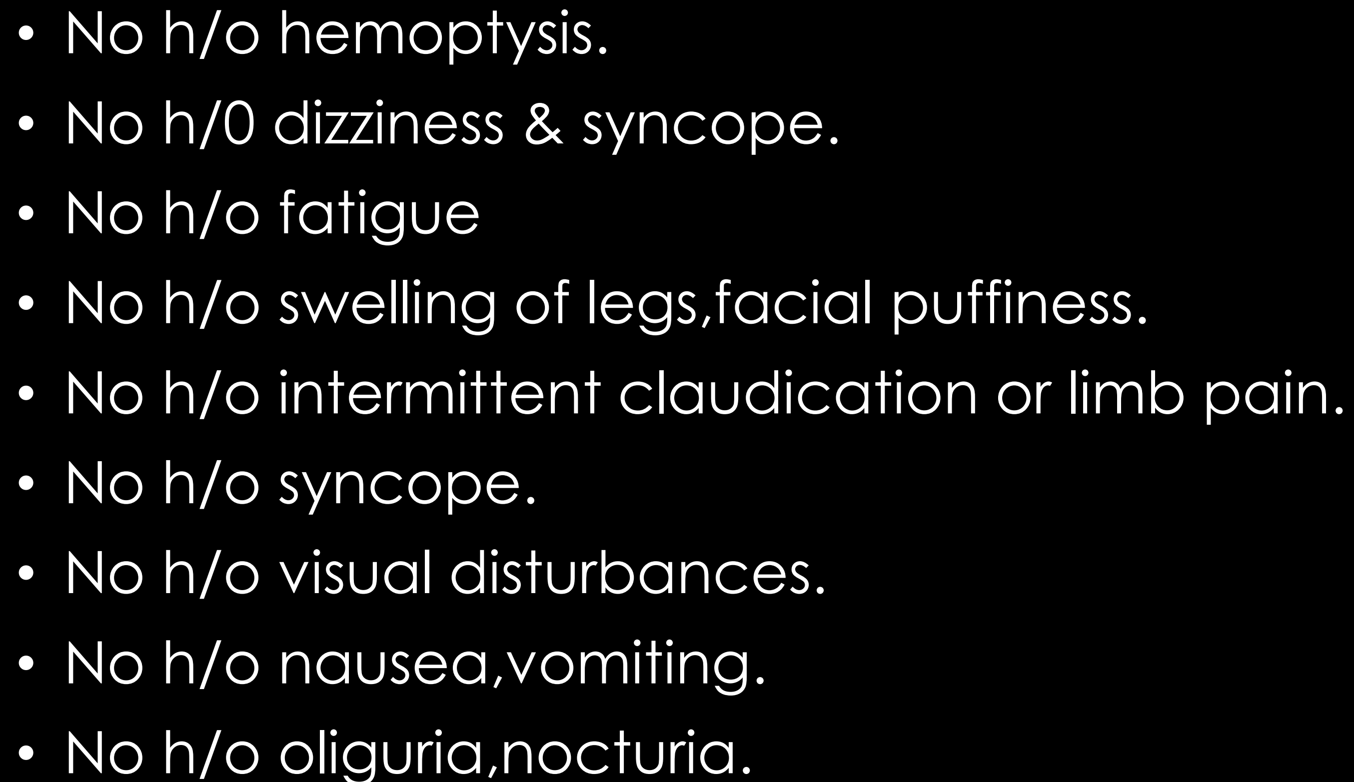
CHIEF COMPLAINT

- A 40 year male patient referred from private hospital with C/o chest pain since morning

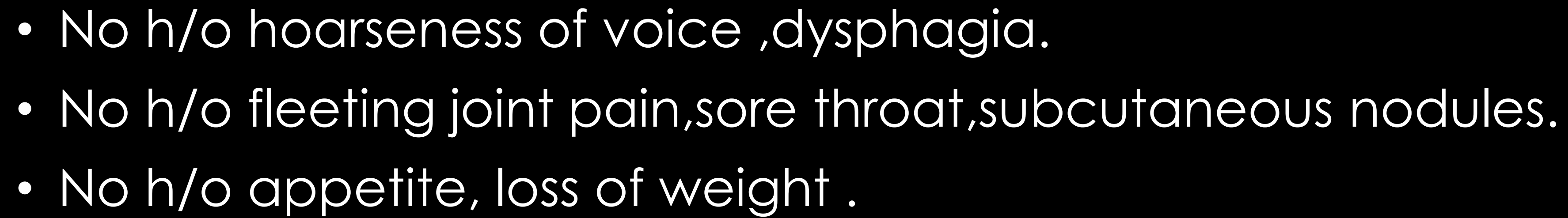
HOPI

- The patient was apparently normal 1 day back presented with complaints of acute onset of chest pain since morning ,which is maximum at onset which gradually decreased, tearing type of pain radiating to left shoulder and low back, which is associated with sweating.

- No h/o breathlessness
- No h/o orthopnea,PND,platypnoea,
- No h/o fever.
- No h/o cough & expectoration.
- No h/o swelling of legs.



• No h/o hemoptysis.
• No h/0 dizziness & syncope.
• No h/o fatigue
• No h/o swelling of legs,facial puffiness.
• No h/o intermittent claudication or limb pain.
• No h/o syncope.
• No h/o visual disturbances.
• No h/o nausea,vomiting.
• No h/o oliguria,nocturia.


• No h/o hoarseness of voice ,dysphagia.
• No h/o fleeting joint pain,sore throat,subcutaneous nodules.
• No h/o appetite, loss of weight .

PAST HISTORY

- No h/o similar complaint in past .
- Patient was known case of systemic hypertension for 3 years on irregular treatment .
- Patient developed CVA/hemorraghic stroke/right hemiparesis 3 years back for which he was taken treatment for 6 months ,later patients weakness was fully improved .
- No h/o DM/BA/PTB/Epilepsy/malignancy.
- No h/o trauma.

PERSONAL HISTORY

- Normal mixed diet .
- Occassional alcoholic.
- Occassional smoker.
- History of snoring present.
- No history of day time somnolence.
- Bowel and bladder habits normal.
- No h/o other substance abuse.

FAMILY HISTORY

- No significant family history.

GENERAL EXAMINATION

- Conscious
- Oriented
- Not dyspneic
- Truncal obesity +
- Acanthosis nigricans+
- No pallor
- No icterus
- No cyanosis
- No clubbing
- No pedal edema
- No generalised lymphadenopathy
- No locomotor brachii
- No arcus senilis

ANTHROPOMETRY

- Height=170 cm
- Weight=110 kg
- BMI =38.1
- Waist circumference = 114 cm
- Hip circumference= 126 cm

VITAL DATA

- BP- 200/110 mmhg on admission
- PR – 110/min , regular ,normal volume and no specific character, no radio femoral delay.

	right	left
Brachial artery	+	+
Radial artery	+	+
Femoral artery	+	+
Popliteal artery	+	+
DPS artery	+	+

Blood pressure after treatment	Right	Left
UL	140/90	140/90
LL	130/80	130/80

- Spo2 -98 %
- RR-18/min
- Jvp –not elevated

INSPECTION

- Tracheal position appears to be normal
- No visible apical impulse.
- No precordial bulge.
- No scars,sinus,dilated veins
- No drooping of shoulder/kyphoscoliosis.

PALPATION

- Heaving apical impuse felt at 5th ICS 1 cm lateral to mid clavicular line.
- Tracheal position –midline.
- Loud A2 +
- S4 +

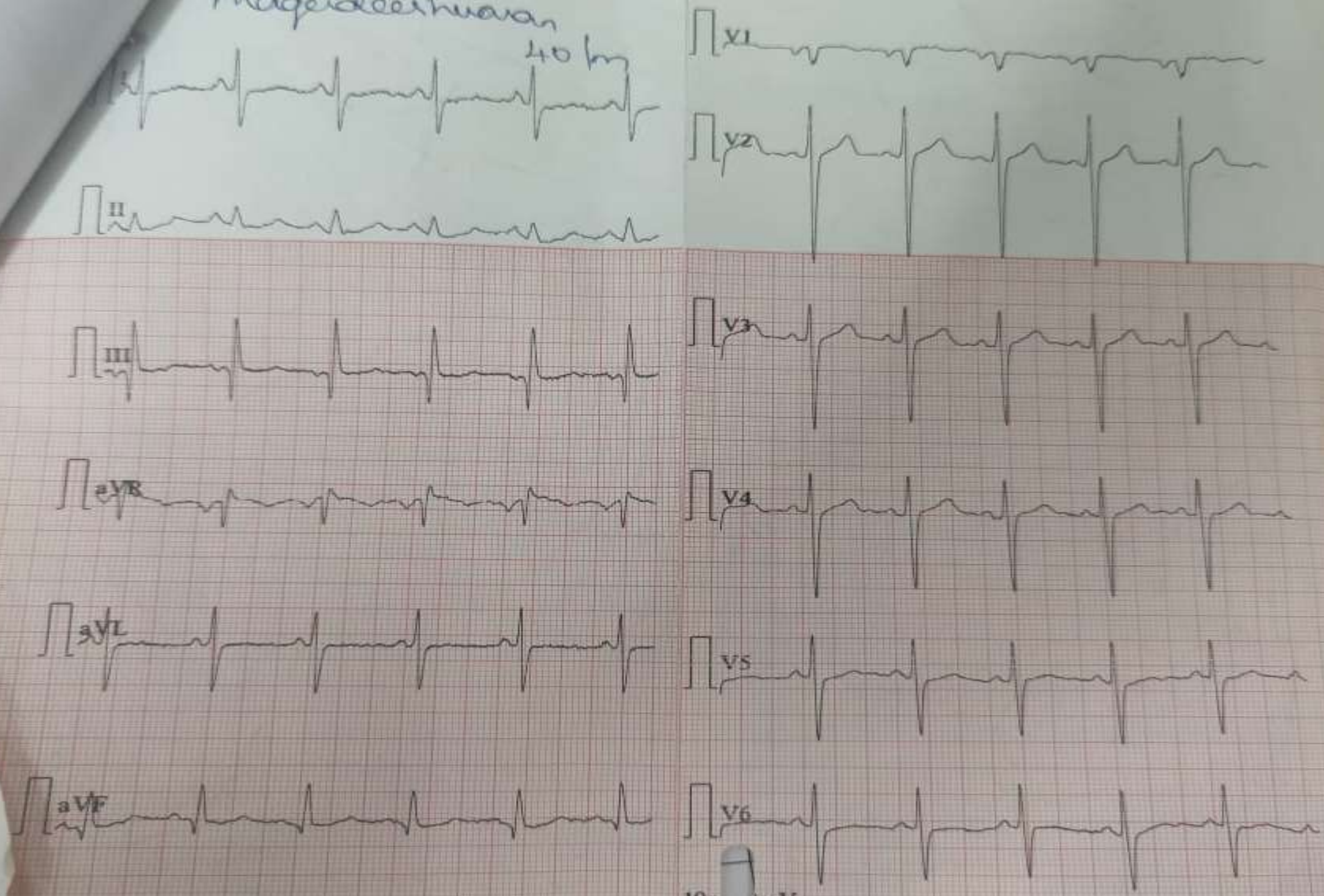
ABDOMEN: soft, bowel sounds+

CNS- no focal neurological deficit

	31/3	5/4	6/4	
Hb	15.8	13.3	12.8	
Platelet	2.12L	2.12L	1.39L	
TC	13600	8,800	5,500	
HCT	44.3%	37.4%	36.9%	
RBS	87	98	-	
B urea	20	31	37	
S creat	0.9	0.9	1.2	
TB	2.2	2.2	2.3	
DB/IDB	0.9/1.3	1.4/0.8	1.3/1.0	
OT/PT	131/55	78/51	52/78	
ALP	79	69	92	
PT/INR	22/1.4			
APTT	44.6			
Na/K	135/3.6	118/3.8	133/3.2	
TP/A/G		5.8/3.8/2		

- Troponin card test - Negative
- ESR-18mm /hr
- CRP-negative
- Qcrp – 5.1
- S.uric acid – 6.2
- D-Dimer -6691.2
- Hba1c = 5.3
- S.Amylase -34
- VCTC-Non Reactive
- HBSAg-Negative
- HCV-Negative

s,.cholesterol	183
S.TGL	212
S.HDL	47
LDL	94
VLDL	42



100/ min
Sinus rhythm
P wave axix 45*
PR Interval 0.12 sec
QTc -0.46
Left atrial enlargement
Q waves in III,AvF
Rs complex V2 – V6

CONCENTRIC LVH

Aortic root 3.4 cm

Aortic root dilatation

mild AR

No RWMA

No VSR

No pericardial effusion

EF 58%

- **USG ABDOMEN:**

9-4-24

Dept of RD

USG - Abd/pelvis

Liver: N/S 14.5cm
Ⓝ echoes.

GB: distended. Ⓝ.

Pancreas: obscured

Spleen: N/S 11.8cm

RK: N/S 10x4.8cm | Ⓝ echoes
LK: N/S 12.5x5cm | CMD maintained

Bladder: Empty foley's insitu.

No free fluid in abd/pelvis

Imp: Nil significant abnormality

Dr. Archana (pg)　　Dr. BK (cnt)

CT AORTOGRAM

PROVISIONAL DIAGNOSIS

- **ACUTE AORTIC SYNDROME WAS MADE**

TREATMENT GIVEN

- BACK REST
- SALT RESTRICTION DIET
- INJ. NITROGLYCERIN 5 mcg/min infusion
- Inj .LABETALOL 20 MG IV f/b T.Labetalol 200 mg bd
- T.Atorvastatin 20 mg HS
- BP monitoring

DISCUSSION