Ambulatory Medicine - H&P 1

Chief Complaint: “fever, vomiting, and diarrhea” x 1 week

HPI

27-year-old female w/ PMHx Hypothyroidism, LMP 5/16, presents to clinic % of body aches x 1 month, vomiting and diarrhea x 1 week. Pt states that she was previously sick with similar symptoms of fever, chills, cough, and sore throat without vomiting or diarrhea about 3 weeks ago, and was resolved with rest and symptomatic management. Pt states that last week was a full week without symptoms and thought she recovered. Pt reports that this Monday, the same symptoms came back with the addition of vomiting and diarrhea, and states 4 days of continuous fever at presentation of Tmax 103.3°F on Monday and T of 102.3°F this morning before taking Tylenol at 10:30 AM with improvement in temperature after Tylenol use. Pt also reports that she has ongoing non-bloody watery diarrhea every 1-2 hours since symptom onset on Monday and states 2 episodes of diarrhea this morning. Pt endorses decreased appetite and is unable to tolerate solids as she is vomiting after intake of solid foods. She states that she vomited 3-4 times yesterday and denies vomiting today. Pt described the vomit as looking “cloudy” without blood. Pt states that she can tolerate liquids and is currently taking Pedialyte. Pt also states that she has generalized stomach pain described as a cramp at a 4/10 pain that comes and goes without radiation. Pt says that she feels as if her condition is worsening and is not getting better. Pt denies eating any abnormal foods and denies any recent travels, sick contacts, antibiotic use, night sweats, rashes, dizziness, chest pain, SOB, back pain, flank pain, or urinary symptoms.

PMHx

- Hypothyroidism
- Asthma

PSHx

- Appendectomy at age 12, no known complications

Medications

- Levothryoxine 50mcg QD
- States that she is compliant with her medication.

Allergies

- No known drug, food, or environmental allergies.

FHx:

- Grandparents → unknown medical history
- Mother → DM2
- Father → unknown medical history

SHx

- Y.S. is a 27y/o female who works in sales.
- Habits → denies alcohol, tobacco smoking, vaping, or illicit drug use.
- Diet → cooks homemade foods consisting of chicken, rice, beans, salads, soups
- Sexual Activity → states sexual activity w/ 1 male partner with condom use. Denies concern for pregnancy

ROS

General – Admits to fever, chills, fatigue, and body aches. Denies night sweats, lightheadedness, unintended weight loss.

Skin – Denies diaphoresis or rashes.

HEENT – Admits to headaches, nasal congestion, and sore throat. Denies vision changes or blurry vision.

Neck – Denies any neck pain or stiffness.

Chest/Cardiovascular – Denies any chest pain or palpitations.

Pulmonary – Admits to cough. Denies shortness of breath, wheezing, or hemoptysis.

Gastrointestinal – Admits to vomiting, diarrhea, nausea, abdominal pain, loss of appetite. Denies hematemesis, hematochezia, constipation

Genitourinary – Denies burning sensation when urinating, frequency, discharge, or itchiness.

Vital Signs
BP: Seated 126/90 mmHg

P: 89 bpm

RR: 18

T (oral): 98.1 F

O2 Sat: 99% on room air

Height: 63 in | **Weight:** 155 lbs | **BMI:** 27.5

Physical Exam

General: alert, in no acute distress sitting on the exam table

Skin: No signs of diaphoresis, jaundice, or pallor. Warm and dry to palpation throughout. No rashes noted. Normal skin turgor without tenting, cap refill of upper extremities nailbeds <2s.

HEENT: PERRLA b/l, EOMs intact without pain, no scleral icterus, conjunctiva clear, sclera is white, sunken eyes noted, oropharynx is erythematous without tonsillar exudates. No lesions seen on the oral mucosa. Mucosal membranes dry.

Neck: no lymphadenopathy or tenderness to palpation, neck is supple

Cardiac: RRR. S1 and S2 audible. No murmurs, rubs, or extra heart sounds noted.

Lungs: Able to speak in full sentences without use of accessory muscles. Anterior and posterior lung sounds are vesicular bilaterally without rales, rhonchi, or wheezing. Intermittent productive cough noted during exam.

Abdomen: Normoactive bowel sounds. Soft, nondistended. Mild diffuse tenderness to palpation in all four quadrants, greatest in the RUQ and LUQ, rated as 8/10 with deep palpation. No rebound tenderness, guarding, or rigidity. No hepatosplenomegaly felt. (+) Murphy's sign. (-) CVA tenderness.

Labs/Imaging

Rapid COVID/FLU A-B: Negative
Rapid Strep Throat: Negative
Urine hCG: Negative

Assessment

27-year-old female with PMHx hypothyroidism presenting with 1 week of vomiting, profuse watery diarrhea, fever (Tmax 103.3°F), productive cough, and RUQ abdominal pain with (+) Murphy's sign following a recent self-limited illness 3 weeks prior. Pt is hemodynamically stable at presentation, and physical exam is notable for RUQ tenderness with positive Murphy's sign and mild clinical dehydration. COVID-19, influenza A/B, strep testing, and urine hCG are negative.

D/Dx

1. Acute Cholecystitis
    a. Rationale: Pt presents with fever, nausea/vomiting, poor appetite and decreased PO solids intake. Abdominal exam (+) for Murphy's sign, which is concerning for acute cholecystitis and should be ruled out.
2. Acute Cholangitis
    a. Rationale: Less likely than acute cholecystitis, but should also be ruled out. Fits ⅔ of Charcot's triad of fever and RUQ without jaundice.
3. Acute Pancreatitis
    a. Rationale: Pt presents with vomiting, abdominal pain at RUQ & LUQ. Although not fitting the typical epigastric pain radiating to the back, pt can be an atypical presentation and should be considered alongside acute cholecysitis/cholangitis as gallstones are the #1 cause of acute pancreatitis
4. Infectious Mononucleosis
    a. Rationale: Pt presents with fever, sore throat, fatigue, and abdominal pain. However, pt lacks tonsillar exudates, any lymphadenopathy, and no hepatosplenomegaly on physical exam, making this less likely, but would also consider due to pt's month-long complaint of body aches.
5. Acute Viral Gastroenteritis
    a. Rationale: Pt has multiple episodes of watery diarrhea, vomiting, abdominal cramps, and fever. However, the presence of RUQ and (+) Murphy's sign and Tmax of 103.3F one day is concerning. Pt also denies any sick contacts or food exposures, making this less likely
6. Viral URI
    a. Rationale: Pt has productive cough, sore throat, nasal congestion, headaches, and body aches with negative COVID/Flu/Strep testing, which can represent a case of viral illness with GI symptom involvement, but does not explain exam findings at the RUQ abdomen.

Problem Lists & Plan

#R/O Acute Cholecystitis vs. Acute Cholangitis vs. Acute Pancreatitis

- Transfer to ED for emergent evaluation
- Recommend pt to obtain RUQ ultrasound and/or CT abdomen/pelvis and bloodwork for evaluation
- Keep NPO

#Fever, Vomiting, Diarrhea, Dehydration

- Encourage PO hydration

- Spoke with patient about the likelihood of needing IV fluids due to dehydration from diarrhea and vomiting

#Productive Cough, URI vs. CAP

- Continue supportive care pending evaluation in ED

Disposition

- Pt advised to go to ED immediately for further imaging (RUQ ultrasound and/or CT abdomen/pelvis) and workup given concern for the gallbladder as a potential source of infection requiring emergent workup and management.
- Ambulance transport offered and pt declined. Pt states she will have someone drive her to the nearest ED
- Risks of transportation delay discussed, including worsening infection, sepsis, and need for emergent surgery
- Patient verbalized understanding and agrees with plan