

**SOAP #12****S:**

CB is a 70 yo F with pmh of HTN and HLD presenting with non bloody cough w/o phlegm, congestion, and dyspnea on exertion for the past 3 weeks. Patient states that her grandson's school had a COVID outbreak 3 weeks ago. She was tested for COVID swabbed on Feb 14th, the result was negative. States that symptoms have been worsening over the past 3 weeks, she is now unable to walk down one flight of stairs to her front door. Before sxs, she was able to walk 3-4 blocks without discomfort.

Denies fever, chills, body aches, sore throat, CP, SOB, abd pain/n/v/d/c, h/o MI, h/o stroke, h/o DVT, h/o smoking, peripheral edema, inability to lay flat

PMH: HTN and HLD

PSH: Denies any

Allergies: NKDA

Medications: Atorvastatin, Losartan-HCTZ, Amlodipine, Metoprolol

FHx: Non-contributory

SHx: Non-smoker, denies past or present EtOH use or drug use

**O:**

T 37.3C orally | BP 136/79 mmHg | P 95 BPM, regular | RR 16 breaths/min, unlabored | SpO2 92% RA  
H 63 in | W 189lb. | BMI 33.5

**Gen:** Obese, well groomed, looks of stated age of 70 years. AxO x3. Appears in no acute distress.

**Skin:** Warm, dry, non-icteric, intact, no rashes no lesions, no erythema

**HEENT:** NC/AT, PEERL, EOMI, nares patent, mucous membranes moist

**Neck:** Supple, no lymphadenopathy, normal ROM, no JVD, no bruits, no palpable mass

**CV:** RRR. No murmurs, friction rubs, no gallops

**Pulm:** *Rales in B/L lungs*. Chest expansion symmetrical. No wheezing, ronchi, dullness.

**Abdomen:** Soft, non distended, non tender, normoactive bowel sounds, negative murphy's, no mcburney's point tenderness, no pulsatile masses

**Extremities:** Normal tone and ROM, cap refill <2s, no edema

**A:**

70 yo F with pmh of HTN and HLD presenting with acute cough, congestion, dyspnea on exertion, and possible COVID exposure with rales in B/L lungs on exam. Likely covid pneumonia.

Differential Diagnosis:

- Pulmonary embolism
- Pneumothorax/hemothorax
- Pulmonary edema
- Covid pneumonia
- Bacterial pneumonia

**P:**

Labs: CBC, BMP, pBNP, d-dimer, troponin, ABG, Flu A/B, Sars-COC-2 NAAT

Imaging/Tests: CXR, ECG, Bedside ultrasound

Initial DDx Based on CC:

- Airway obstruction
- Anaphylaxis
- Angioedema
- Aspiration
- Asthma
- Cor pulmonale
- Inhalation exposure

Adjusted DDx After H&P:

- Pulmonary embolism
- Pneumothorax/hemothorax
- Pulmonary edema
- Covid pneumonia
- Bacterial pneumonia

- Noncardiogenic pulmonary edema
- Pneumonia
- Pneumocystis Pneumonia (PCP)
- Pulmonary embolism
- Pulmonary hypertension
- Tension pneumothorax
- Idiopathic pulmonary fibrosis acute exacerbation
- Cystic fibrosis exacerbation
- Cardiac tamponade
- Cardiogenic pulmonary edema (CHF)
- Myocardial Infarction
- Pericarditis
- Myocarditis
- Abdominal distension
- Anemia
- CO Poisoning
- Salicylate toxicity
- Diabetic ketoacidosis (DKA)
- Diaphragm injury
- Electrolyte abnormalities
- Epiglottitis
- Flail chest
- Hypotension
- Metabolic acidosis
- Pneumonia
- Pneumothorax/hemothorax
- Renal Failure
- Sepsis
- Toxic ingestion
- Guillain-Barre syndrome
- Multiple sclerosis
- Myasthenia Gravis
- Lambert-Eaton Syndrome
- Organophosphate toxicity
- Stroke (Main)
- Tick paralysis