

CLINICAL VIGNETTE – Paper Version
VA/SCA 51700
61200

Physician ID#

[insert code label here]

SITE (Please Circle):

Start Time: _____

End Time: _____

Date: _____

COMMENTS

INSTRUCTIONS:

You have been given a clinical vignette that takes approximately 10 minutes to complete. It is separated into parts: Once you have read the clinical material on the left-hand page, complete the questions on the facing (right-hand) page.

Once you have answered the questions, tear the page out along the left binding and place it into the envelope or give to an evaluator. It is important that you place your answers in the envelope, or give them to an evaluator, before going on to the next part of the Vignette.

Please continue until all of the pages have been completed and place into the envelope, or give to an evaluator. As soon as you complete this vignette you may go on to the next clinical case if you have been given more than one.

Thank you for your participation in this evaluation.

PLEASE CONTINUE READING THE VIGNETTE BELOW. ONCE YOU HAVE READ IT, PLEASE ANSWER THE QUESTION ON THE OPPOSITE PAGE.

A 64 year old man presents to your clinic saying that he has "...had some trouble breathing since I ran out of pills." He, in fact, looks slightly dyspneic to you. He reports that he got the medications from a doctor in San Diego whom he saw when he first had this problem while visiting his son. The San Diego doctor, who evaluated him for this, said that he needed to be seen when he returned home and so he made a new patient appointment to see you.

PLEASE READ ALL THREE QUESTIONS, THEN ANSWER UNDER THE MOST SUITABLE HEADING BELOW. DO NOT MOVE AHEAD TO THE NEXT PART OF THE VIGNETTE UNTIL ALL QUESTIONS HAVE BEEN ANSWERED ON THIS PAGE.

What are the 9 to 13 most important questions you want to ask this patient about his symptoms?

What are the 3 to 7 most important questions you want to know about his past medical history?

What are the 1 to 4 most important questions you want to know about him as a person (his social history and other relevant issues)?

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He reports that he became short of breath when he ran out of his medications four days ago. One pill is a water pill that he took with potassium the other is for his blood pressure, Amlodipine 5 mg QD (Norvasc). He reports that the two medicines were started 3 months ago when he first developed shortness of breath while visiting his son in San Diego.

At that time he had the same symptoms that he is having today but when they occurred in San Diego it was for the first time: he first gets short of breath with exercise then within a couple of days he is short of breath even with minimal exertion. In San Diego, he went to the doctor who took care of his son. This doctor did some blood tests, an EKG, an X-Ray and an Echo. The doctor told him that "he had a big heart" and said he should give a copy of his Echo report to a doctor (when he got home) that would be taking care of him. The Echo report, which you have a copy, shows that he has an EF of 35% with global hypokinesis and borderline ventricular hypertrophy. The doctor in San Diego said that the problem he was having with his heart was a result of his high blood pressure and that he would have to take his pills all the time. He became concerned when he ran out, particularly when he started to feel short of breath. He had set up this appointment (a few weeks earlier) and at that time they ordered some labs tests and scheduled him for today.

The past medical history is remarkable for elevated blood pressure for over 20 years. He took medicines on and off for many years. He reports that he never had any headaches or other problems from his high blood pressure but sometimes the side effects of the medications interfered with sexual activity. You see that he has been followed in the clinic for a knee injury and a physical exam and each time his blood pressure medication(s) were refilled. He admits that he does not visit doctors very often. He did, however, report that he had a flu shot two years ago and a tetanus shot 5 years ago. The patient reports no prior cardiac history, no history of chest pain or palpitations. There is no history of a stroke, kidney disease, diabetes, claudication or lung disease. He remembers that his cholesterol has been elevated in the past but that he has always tried to eat a 'reasonable diet' because he did not want to take any more medications.

He smokes a half pack of cigarettes per day. He drinks 3-4 beers per week but usually does this on the weekend. He is a salesman in an appliance store and is married (30 years) with one son who lives in San Diego and they have two grandchildren. Family history includes father who died age 66 after he had a couple of heart attacks (the first at age 60) and his mother was treated many years ago for colon cancer which was caught early. She is aged 85, and alive. Two sisters (62, 59 year old), both well although the younger one also has high blood pressure.

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What are the 6 to 10 most important elements of the physical examination that need to be performed on this patient? (Please be very specific: for example, do not say you would “examine the knee”, but say what you would look for when you examined the knee, for example: “examined the knee for redness, swelling, point tenderness” or “evaluated the knee for ligamentous laxity and examine for range of motion”).

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He smokes a half pack of cigarettes per day. He drinks 3-4 beers per week but usually does this on the weekend. He is a salesman in an appliance store and is married (30 years) with one son who lives in San Diego and they have two grandchildren. Family history includes father who died age 66 after he had a couple of heart attacks (the first at age 60) and his mother was treated many years ago for colon cancer which was caught early. She is aged 85, and alive. Two sisters (62, 59 year old), both well although the younger one also has high blood pressure.

The physical examination reveals a generally well looking but slightly overweight man, with blood pressure of 142/90 in the LA and 150/86 in the RA. His pulse is regular at 78 beats per minute. His head & neck examination is unremarkable; no carotid bruit or JVP are noted. His heart examination is without extra sounds or murmur, although his PMI may be slightly displaced, and his lungs are clear to auscultation. Examination of his abdomen reveals no hepatosplenomegaly or abdominal bruits. He has no edema and his pulses are 2/2 in his feet. His cranial nerves are intact, his reflexes are all 1 plus bilaterally, his plantar reflexes are downgoing. His strength is full (5/5) in all limbs, his gait and reflexes are normal.

PLEASE ANSWER THE FOLLOWING QUESTION. DO NOT MOVE AHEAD TO THE NEXT PART OF THE VIGNETTE UNTIL YOU HAVE ANSWERED THE QUESTION ON THIS PAGE.

At this point, what laboratory tests/imaging studies would you order?

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His laboratory tests from a triage visit 1-2 weeks ago are as follows: Electrolytes: Na 136, K 3.9, CO2 28, Cl 101, BUN 17, Creatinine 1.2, Random Blood sugar of 89; a Urinalysis shows 30+ to 100+ mg of protein, with no WBC and no RBC. His total cholesterol is 258: the triglycerides are 2335, the LDL is 180, and the HDL is 31. Other laboratory tests are normal. A new EKG shows borderline LVH.

The CXR shows the lungs are slightly over inflated, the cardiac silhouette is mild to moderately enlarged. There is prominence of the central pulmonary vascular interstitium consistent with mild CHF. There is no evidence of pneumonia or pulmonary infiltrate. Impression: Mild CHF. The lung volumes are somewhat prominent.

PLEASE ANSWER THE FOLLOWING QUESTIONS. DO NOT MOVE AHEAD TO THE NEXT PART OF THE VIGNETTE UNTIL YOU HAVE ANSWERED THE QUESTIONS ON THIS PAGE.

At this point, what would be your diagnosis? Please be specific about the etiology. Are there other diagnoses?

And what would your plan be, including your recommendations to the patient? Please be specific.

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Alk Phos = alkaline phosphatase; ALT = alanine aminotransferase; ASA = aminosalicic acid; AST = aspartate aminotransferase; BP = blood pressure; BUN = blood urea nitrogen; CBC = complete blood count; CHF = congestive heart failure; COPD = chronic obstructive pulmonary disease; Cr = creatinine; CT = computed tomography; CXR = chest x-ray; DT = diphtheria-tetanus; Dx = diagnosis; EKG = electrocardiogram; ETT = exercise tolerance test; GGT = γ -glutamyltransferase; HMG CoA = 3-hydroxy-3-methyl glutaryl coenzyme A; HTN = hypertension; Hx = history; JVD = jugular venous distension; KCl = potassium chloride; LDH = lactate dehydrogenase; MI = myocardial infarction; MRI = magnetic resonance imaging; PMI = point of maximum impulse; PVX = pneumonia vaccine; SGOT = serum glutamic-oxaloacetic transaminase; SGPT = serum glutamic-pyruvic transaminase; SOB = shortness of breath; T Bil = total bilirubin; TSH = thyroid-stimulating hormone; UA = urinalysis.