

# The workup, or

*Where is Champollion\* when we need him?*

Faith T. Fitzgerald, M.D.

## The workup

CC: 47y/oWF BIBA 2° BRBPR<sub>12Hr</sub>.

HPI: Pt c̄ IDDM & ASCVD, in AF, had BRBPR 12Hr PTA, so BIBA to ER c̄ LBP, tachy, No c/o N/V/D/C or abd. pain. No travel. On ADA diet. No PHx GIB, HepA/B/C, ETOH, or PUD. No Dx IBD (UC or RE). Has CRF c̄ Cr ~2.0-2.8. Not on HD.

PHx: Had UTI c̄ F/C, -E.coli-2 mo. PTA, Rx Cipro. No cx. CABG 2yr PTA - LAD, RCA. ECHO WNL for EF 6 mo. PTA. No CP. G4P4: all FTVD s̄ cx. No Phx, Fhx AVM, Ca. No ↑↓ WT.

Meds: NPH @ 24U qAM (HgbA<sub>1c</sub> ave 6-7) & dig 0.125 qd PO, ACEI, 1ASA 85mg QD.

SHx: CPA, BA Econ, now on SSI. 1 PPDx<sub>12yr</sub>. Ø STD. Ø IVDA

FHx: NC

ROS: NC

P.E.: VS: BP 100/62 P 120, irreg irreg. ○—, ○, ○, & R12 T 97.6POx 98% RA.  
HEENT: PERRLA, EOMI; anict.; OP, Tms WNL.AC > BC BILAT  
HEAD:NCAT  
SKIN: s̄ spiders, ict., petec, ecchy.  
NECK: NoJVD. Supple  
PULM: CT A/P  
COR: s̄ M/R/G. A Fib.  
ABD: Ø LKS, Ø TTP, BS ⊕ 4 quad.  
RECTAL: Brn stool HO ⊕ No BRB. ⊕ hemorrhoids  
PELVIC: Def.  
EXTREM: s̄ C/C/E  
NEURO: Cr NN I - XII WNL, DTRs = symm. No PN. MS WNL.

LAB: Hct 28 FS 139 CHEM: 138/4.2/111/25/2.0/14, U/A WNL, LFTS: 3.8/22/25/1.0 INR 1.1. Dig. Level - (P)  
EKG: AF, 110, QRS, QT WNL. NSSTTW Δ.

IMP: Hemorrhoids

PLAN: Prep.H., Sitz baths, D/C home.

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\* Jean François Champollion (1790–1832) is credited by many with solving the mystery of hieroglyphics by successfully reading the Rosetta Stone.



# Translation

**Chief complaint:** A 47-year-old white woman was brought in by ambulance because of bright red blood per rectum over the past 12 hours.

**History of present illness:** This is a patient with insulin dependent diabetes mellitus and atherosclerotic cardiovascular disease, who has been in atrial fibrillation, and had bright red blood per rectum 12 hours prior to admission, so was brought in by ambulance to the emergency room with low blood pressure and tachycardia. She had no complaints of nausea, vomiting, diarrhea, constipation, or abdominal pain. No travel. She's on an American Diabetes Association diet. There was no past history of gastrointestinal bleeding, hepatitis A, B, or C, ethanol use, or peptic ulcer disease. No prior diagnosis of inflammatory bowel disease (ulcerative colitis or regional enteritis). She has chronic renal failure with creatinine 2.0–2.8mg/ml. She's not on hemodialysis.

**Past history:** She had urinary tract infection with fever and chills, caused by *E. coli*, 2 months prior to admission, treated with ciprofloxacin with no complications.

She's had coronary bypass graft two years prior to admission, left anterior descending and right coronary arteries. Her echocardiogram was within normal limits for ejection fraction six months prior to admission. She's had no chest pain.

She is gravida 4 para 4, all full term vaginal deliveries without complications.

She has no past history or family history of arteriovenous malformations or cancers. There has been no increase or decrease in her weight.

**Medications:** She takes NPH insulin, 24 units each morning (glycosolated hemoglobin measurement averages 6-7), and digoxin 0.125 mg each morning, an angiotensin converting enzyme inhibitor, and one aspirin, 85 mg per day.

**Social history:** She is a certified public accountant with a baccalaureate of arts in economics, now on supplemental security income. She's smoked one pack per day of cigarettes for 12 years. She has had no sexually transmitted diseases. She does not have intravenous drug abuse.

**Family history:** Noncontributory.

**Review of systems:** Noncontributory.

## Physical examination:

**Vital signs:** Blood pressure 100/62, Pulse 120, irregularly irregular, no orthostatic changes, respirations 12, temperature 97.6, pulse oximetry 98% on room air.

**Head, eyes, ears, nose, throat:** Pupils equal, round, reactive to light and accommodation, extraocular muscles intact. Sclerae anicteric; oropharynx and tympanic membranes within normal limits. Air conduction greater than bone conduction bilaterally.

**Head:** normocephalic, atraumatic.

**Skin:** no spider angiomas, icterus, petechiae or ecchymoses.

**Neck:** No jugular venous distention. Supple.

**Pulmonary:** clear to auscultation and percussion.

**Heart:** No murmurs, rubs, or gallops. In atrial fibrillation.

**Abdomen:** No palpable liver, kidneys or spleen; not tender to palpation.

Bowel sounds present in 4 quadrants.

**Rectal:** brown stool, Hemeoccult positive. No bright red blood. Hemorrhoids present.

**Pelvic:** deferred.

**Extremities:** no clubbing, cyanosis or edema.

**Neurological:** Cranial nerves 1-12 within normal limits. Deep tendon reflexes symmetrical. No peripheral neuropathy. Mental status within normal limits.

**Laboratory:** Hematocrit 28, fingerstick blood sugar 139mg/ml.

**Chemistries:** Na 138, K 4.2, Cl 111, CO<sub>2</sub> 25, creatinine 2.0, blood urea nitrogen 14 mg/ml.

**Urine analysis** was within normal limits.

**Liver function studies:** albumin 3.8 Gm/ml, AST 22, APT 25 and bilirubin 1 mg%. INR was 1.1

**Digoxin level** was pending

**Electrocardiogram:** Atrial fibrillation at a rate of 110. QRS and QT intervals normal. Nonspecific ST-T wave changes.

**Impression:** Hemorrhoids.

**Plan:** Preparation H, Sitz baths, discharge home.

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