

CPC 2019-Preliminary

A 75-year-old man, who has a medical history of rheumatic heart disease with a prior mitral and aortic valve replacement, Atrial fibrillation, hypertension, hypothyroidism and chronic back pain, is admitted to the hospital.

He reports that over the prior 6 months, he has developed progressive, diffuse abdominal pain, worsening of his chronic back pain and loss of appetite.

He has lost approximately 15 lb. He was treated twice with antibiotics for presumed diverticulitis without improvement in his symptoms.

He is admitted to the hospital with weakness and continued abdominal and back pain.

He denies any change in bowel habits, pain associated with food intake, cough, hemoptysis, difficulty urinating, foamy urine, hematuria, or flank pain.

He has a history of heavy tobacco and alcohol use but not in the past 20 years.

He previously worked as a glass blower. He has no personal or family history of kidney disease and has a baseline creatinine of 1.0 mg/dL.

His admission lab values were notable for a creatinine of 1.5 mg/dL with an unremarkable urinalysis, an erythrocyte sedimentation rate (ESR) of 73 mm/hr,

Normal complete blood count, normal liver function tests, and an international normalized ratio of 2.0.

His home medications include metoprolol, hydralazine, warfarin, furosemide, levothyroxine, and ezetimibe.

Q: What is the most likely diagnosis? Analyse your answer.