

History of Present Illness

Chief Complaint Fever

HPI-

38-year-old male presents here today with a chief complaint that he was recently discharged from a hospital in Boston with diagnoses of myocarditis, he apparently had a normal echocardiogram a cardiac MRI, he was pending some viral serology studies which indicated exposure to Epstein-Barr virus that no other findings thus far, it is unclear if any additional studies remain pending. Patient indicates that he does not have a spinal tap attentive a cardiac MRI, he had a variety of other tests conducted as well which we're attempting to acquire. He went home after having some additional fevers, now patient states that he's been having severe headache neck pain some right lateral neck pain with tenderness and generalized body aches which is new for the patient since discharge. He has been taking doxycycline for unclear reasons after being seen by infectious disease, it is presumed he could potentially have a tickborne disease. On arrival patient is currently suffering from what he describes as 6/10 generalized pain some pain in the neck headache and photophobia. He is afebrile with a temperature of 99.5. uninterested variety of the patient's symptoms began after he returned from Colorado where they initially thought the patient was suffering from high altitude sickness, this evidently converted forward to the patient being diagnosed with myocarditis. He did have some sick exposures from an unclear illness or possibly altitude sickness another person's the patient was exposed to.

Past Medical History

Notes reviewed Nursing notes

General Medical History past medical history of recent myocarditis

Family History no pertinent history, kids with strep throat

Smoking non-smoker

Alcohol use none

Drug use none

Review of Systems

General/Constitutional

Admits to: fever, chills, malaise, weakness.

Cardiovascular

Denies: chest pain.

Respiratory

Denies: shortness of breath.

Gastrointestinal

Admits to: nausea, vomiting. Denies: abdominal pain.

Skin

Denies: rash.

All Other Systems Reviewed and Negative

Physical Exam

General extremely tired and mildly uncomfortable appearing 38-year-old male laying on the gurney

HEENT: Eyes PERRL, extraocular movmtns intact

HEENT: Mouth mucous membranes moist

Neck tenderness to palpation right superior lymph nodes minimal flexion and extension noted on this patient limited only by pain.

Heart normal rate, regular rhythm, no murmur, no ectopy, no gallops

Lungs no rales, no wheezes, no ronchi, normal breath sounds, no respiratory distress

Abdomen non-tender, soft, the liver is not palpable on exam nor is the spleen

Back normal inspection, no CVA tenderness, no bony tenderness

Skin normal skin turgor, normal skin color, warm/dry, no rash, skin is noted as being especially warm

Extremities symmetrical, full range of motion, equal tone, equal strength

Neurological alert, oriented, no motor/sensory deficits

Course/Medical Decision-Making

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Patient was evaluated, differential diagnosis includes simple continuation of the patient's earlier condition, but also need to consider that the patient may have viral meningitis, although he generally benign condition certainly could represent the source of the patient's symptoms. He will need to conduct lumbar puncture after initial workup is conducted, but in order to get to this point a CT scan of the brain will need to be conducted, he had tenderness to palpation of the right lateral neck will also need to exclude an abscess. CT soft tissue neck is been ordered along with a rapid strep. Patient does have exposure and his kids. Patient does have rather complex recent history will need to carefully consider his condition prior to discharge. Patient makes a require reviewed admission or transfer to tertiary care dependent on findings.

Patient's troponin remains elevated, unclear whether this is in relation to just a continued course of the patient myocarditis. It certainly does not yet fully explain the patient's condition however.