CONSULTATION

REPORT#:1211-0470 REPORT STATUS: Signed

ADMIT DATE:

DATE OF SERVICE:

INFECTIOUS DISEASE CONSULTATION

REASON FOR CONSULTATION: Pulmonary infiltrates.

HISTORY OF PRESENT ILLNESS: The patient is a 43-year-old gentleman being evaluated for pulmonary infiltrate and cough. He is otherwise very healthy with only hyperlipidemia as the past medical history. He has been coughing for about a year and a half. A variety of interventions have been done which have been unsuccessful in fixing his cough. He had a chest x-ray done about a year ago which was normal by his report. At one point, it was thought that he had gastroesophageal reflux disease, but, however, his cough and nasal congestion has persisted. In the last few weeks, however, it has worsened and has been associated with hemoptysis. He had a CAT scan done at the VA which showed a cavitary lesion on the right side, and he was transferred here. The patient has had some intermittent sweats, but this seemed quite mild and he thinks that have been going on for more than a few years. He has a little bit of decreased energy over the last few weeks. He has not had any fevers. He has not lost weight. He has no headache, vomiting, diarrhea, or really any systemic

symptoms at all.

PAST MEDICAL HISTORY: Significant for hyperlipidemia.

SURGICAL HISTORY: Knee surgery.

SOCIAL HISTORY: He is a real estate agent. No drug use. No TB risk factors. No tobacco use. He does drink occasionally. He served in the military and was in Kuwait in the 90s for about 7 months on a military base. He was born in United States in Southern California. He has traveled to Mexico, none recently. He has a guinea pig and a dog at home.

FAMILY HISTORY: None significant.

MEDICATIONS: At home are omeprazole, Singulair, TriCor, Pravachol, and a short prednisone burst. He does not typically take prednisone.

ALLERGIES: NONE.

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REVIEW OF SYSTEMS: Updated per the initial H and P as above.

PHYSICAL EXAMINATION: GENERAL: He is alert, pleasant, interactive, in no distress.

VITAL SIGNS: Temperature 98, heart rate 65, respiratory rate 16.

HEENT: No icterus. Oropharynx, no thrush.

NECK: Supple.

HEART: No murmur.

CHEST: Some wheezes.

ABDOMEN: Soft and nontender.

EXTREMITIES: No joint swelling.

SKIN: No rash.

PSYCH: He has appropriate affect.

NEURO: He is alert and oriented, pleasant.

LABS: One AFB smear is negative. His creatinine is 1.1. His white blood cell count is 9.4, his hematocrit is 39, and platelet count 392. Chest CT from the outside facility shows a cavitary lesion in his right lower lung.

ASSESSMENT AND PLAN:

1. Cavitary pulmonary infiltrates.
2. Cough.

This is a complicated situation in a gentleman having chronic cough and now with hemoptysis and a cavitary lung lesion. The differential diagnosis list is broad, includes both infectious and noninfectious entities, tuberculosis certainly needs to be considered, although he does not really have a defined risk factor. He is not immunocompromised which makes other infections such as Nocardia or Aspergillus relatively unlikely. Coccidioidomycosis is a

possibility given his past history of residence in Southern California, but generally these are thinner walled cavities. Lung cancer obviously needs to be considered as do other things like Wegener's. At this point, I would agree with the plan to get sputum to rule out a contagious TB. Should these all be negative, he would need to undergo bronchoscopy and possibly even a lung biopsy to make a definitive diagnosis. At this point, I would not treat him with any antibiotics, though we know what we are dealing with.

RECOMMENDATIONS:

1. Obtain AFB smears for the next 3 mornings.
2. If negative, proceed with bronchoscopy and consider VATS.