

Shortness of Breath and Loss of Appetite

An 80-year-old man presents with a complaint of acute shortness of breath. He says he has had difficulty breathing for the past two months, but the problem has worsened in the past two days. He reports experiencing dyspnea on exertion and denies fever or chills. He says he has had no appetite lately, adding that he's lost about 20 to 30 lb in the past couple of months.

Medical history is significant for atrial fibrillation, hypothyroidism, hyperlipidemia, and remote bladder cancer. He is a former heavy smoker who quit about 30 years ago.

On initial assessment, you note an elderly male in mild respiratory distress. His vital signs are stable, except for his O₂ saturation, which is 90% on room air. On auscultation, you note decreased breath sounds on the right and occasional wheezing.



You order some preliminary lab work, as well as a chest radiograph. What is your impression?

see answer on page 28 >>



Nandan R. Hichkad, PA-C, MMSc, practices at the Georgia Neurosurgical Institute in Macon.



IN PARTNERSHIP WITH



American Society of Endocrine PAs



National Kidney Foundation Council of Advanced Practitioners



NORD
National Organization for Rare Disorders

Clinician Reviews offers expert-authored features and departments for your use in daily practice.

.....

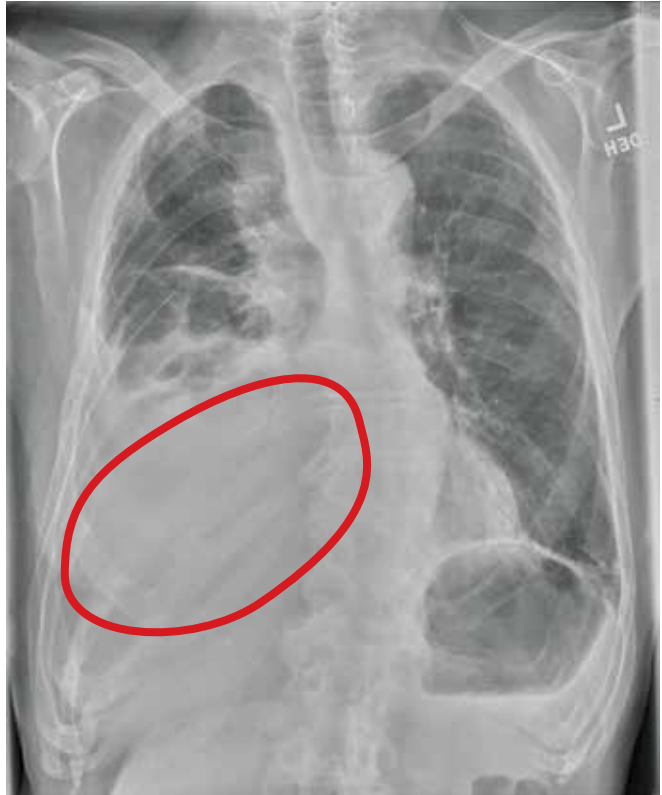
You can look forward to content endorsed by these professionals in the form of
 Conferences and Events • Continuing Education • Specialty Q&A

>> continued from page 17

ANSWER

The radiograph shows several abnormalities: There is a moderate to large right pleural effusion, as well as a parenchymal density within the right lower lobe. In addition, several of the ribs have a mottled appearance.

All of these findings are highly suspicious for primary as well as metastatic carcinoma. The patient was admitted to the hospital for further workup. **CR**



WRITENOW

- **Provide** a practical clinical review article for primary care clinicians
- **Chronicle** a teachable case study from your practice, from presentation to diagnosis and discussion
- **Share** an incident or observation that has changed the way you practice
- **Sound off** in depth on a burning issue ... write a commentary
- **Reach out** to leadership... Editors-in-Chief Drs. Onieal and Danielsen want to hear your ideas about building a better profession



“Writing will always be hard work—but if you stick to it, it will be a rewarding and essential part of your professional life.”

– Randy D. Danielsen, PhD, PA-C, DFAAPA
Editor-in-Chief



“Do you have a particular specialty area or a ‘pet’ disease state or condition? Have you maneuvered around a barrier to practice? Others might benefit from knowing the keys to your accomplishment.”

– Marie-Eileen Onieal, PhD, CPNP, FAANP
Editor-in-Chief

E-MAIL YOUR QUERY LETTER TO Karen Clemments, Editor, kclemments@frontlinemedcom.com

All manuscripts are subject to peer review before acceptance.