Case Presentation of Mr. SJVP
Admitted on 30/6/25
Discharged on: 11/7/25

PRESENTER: **Dr. Nwachukwu Fortune C.**

History

- 65yr old Indian citizen known Htnsive and Diabetic of 5yrs referred to our facility with c/o:
  - - Epigastric discomfort and bloating x 1/7 P.T.P
  - - Abdominal distension x 1/7 P.T.P
  - - Difficulty in breathing x 1/7 P.T.P
- No hx of Chest pain, palpitations, diaphoresis or feeling of impending doom
- Has a +ve FHx of hypercholesteremia
- No hx of Smoking, alcohol intake or use of recreational drugs

Examination

- Middle aged man in obvious respiratory distress, dyspneic, febrile (37.8*C), not pale, anicteric, acyanosed, not dehydrated, mild bilateral pitting edema upto the mid shin
- RBS on presentation- 7.4mmol/l
- **CVS:**
  - PR- 134bpm. SVR
  - No arterial wall thickening or Locomotor Brachialis
  - BP- 114/72mmhg
  - Elevated JVP
  - AB- 6th LICS AAL (diffuse)
  - HS- S1S2S3 with tachycardia

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Examination

- **ABD:**
  - Full, MWR
  - Vague Rt Hypochondriac tenderness
  - Liver is Tilt (4cm below the RCM) S0K0

- **CNS:**
  - Conscious and Alert, OTPP
  - No focal neurologic deficit
  - No meningeal signs

- **RESP:**
  - RR- 34cpm, SpO2- 93% on NRBFM @ 15Lmin via
  - No tracheal deviation
  - Equal chest expansion
  - Brochial breath sounds on the Rt Mid and LL, with Widespread crepitations involving the hemithorax bilaterally

Working Diagnosis

- Acute Decompensated Heart Failure (NYHA IV)
  - Secondary to Dilated Cardiomyopathy
  - Precipitated by by Chest Infection, & ?Acute Coronary syndrome
  - Complicated by Acute Pulmonary Edema (Acute Left Ventricular Failure)

- Investigate
  - Troponin I,
  - NT-ProBNP,
  - FBC,, CRP,
  - Cardiovascular Profile- Lipids, Kidney Function Tests, HBA1c, Uric Acid, Urinalysis
  - ECG, ECHO

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ECG

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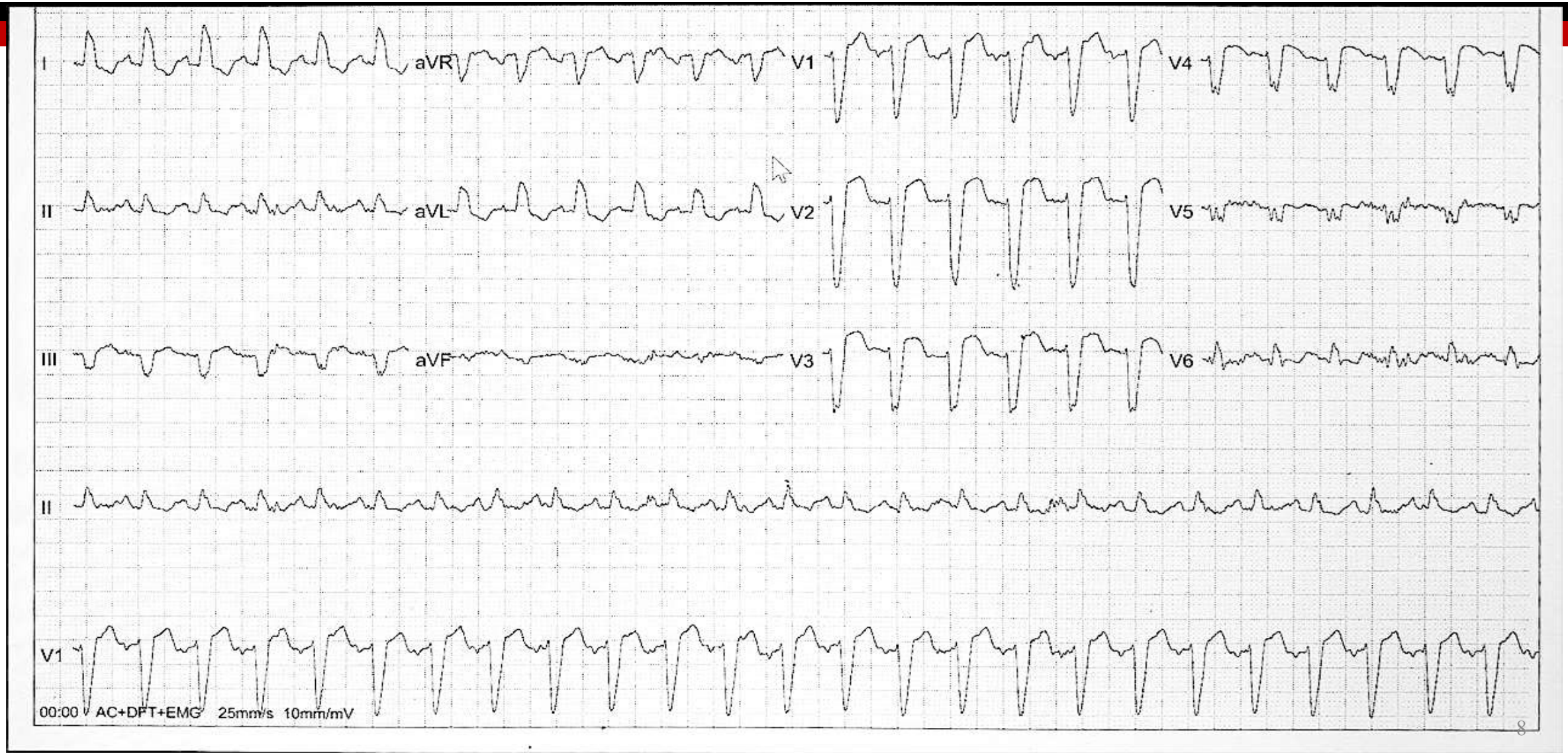

INVESTIGATION ON PRESENTAION

INVESTIGATION	RESULTS
Troponin I	**38.44ng/ml (**NORMAL <0.3)
NT-proBNP	**17,834.3pg/ml** (NORMAL <300)
FBC	**WBC- 20, NEU- 17.67, NEU- 83%,** PCV- 44.7%, PLT-214
EUCr	Na- 132mmol, K- 5.02mmol, **Urea- 92.6mg/dl, Cr- 2.47mg/dl**
Lipid profile	**TG- 220mg/dl**
Urinalysis	**Glu ++, Blood +**
Uric acid	**10.1**
CRP	**>200mg/L hsCRP >5mg/L**
ESR	**42mm/Hr**

PLAN

- Tab Aspirin 300mg stat, then 75mg dly
- Tabs Clopidogrel 300mg stat, the 75mg dly
- Tabs Atorvastatin 80mg dly
- IV Heparin infusion 5000 IU 6hrly
- IV Furosemide 80mg stat, then 40mg 8hrly
- IV Rabeprazole 20mg 12hrly
- IV Ceftriaxone 1g 12hrly
- Tabs Azihromycin 500mg dly
- Tab Spironolactone 25mg Dly
- Tab Empagliflozin 10mg dly

- Ct INO2 @ 15l/min +/- CPAP
- KIV ARNI based on EF
- Admit in ICU
- Nurse in Cardiac Position
- For Coronary angiography and PCI as soon as possible/stable

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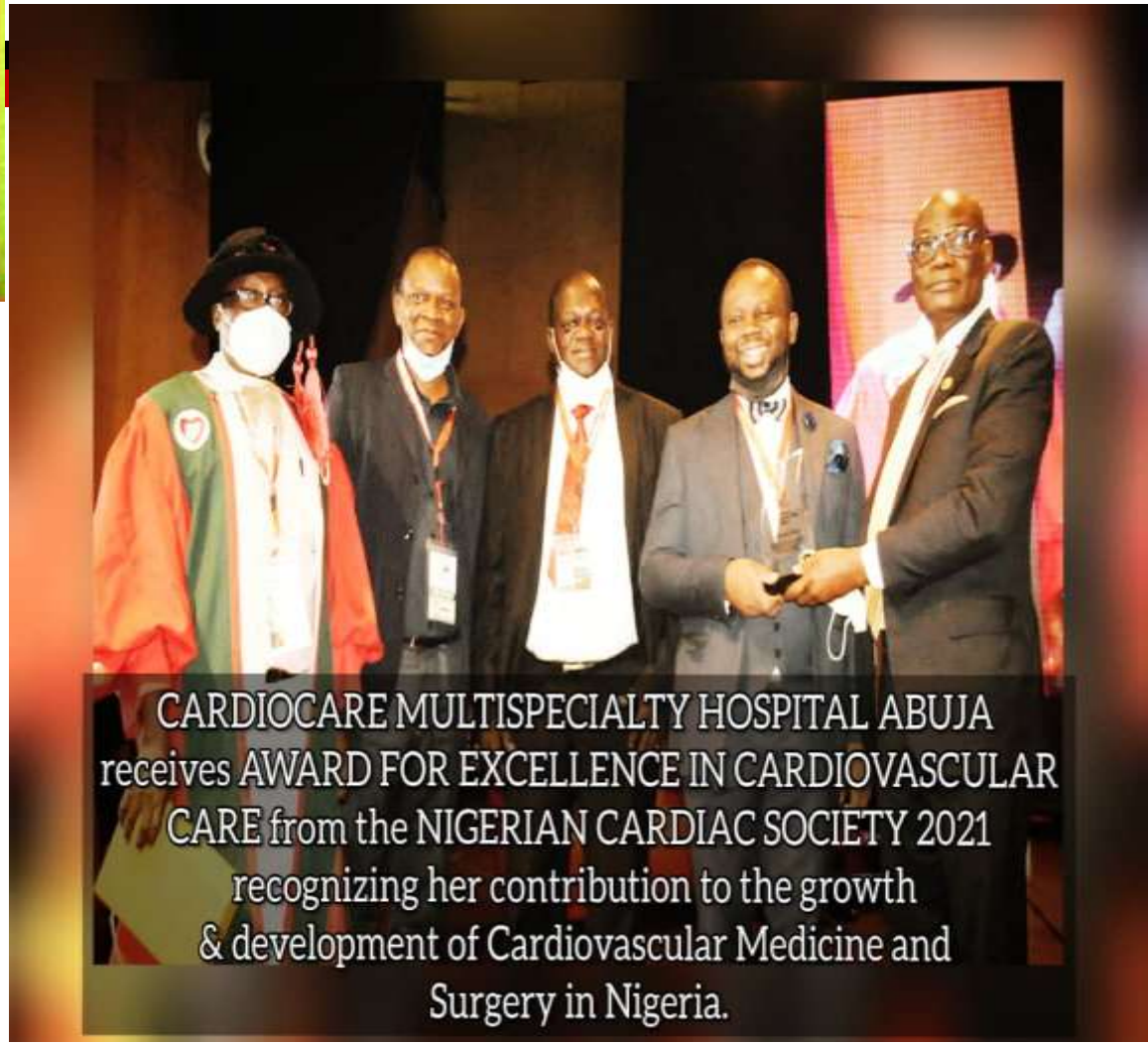
Who is Cardiocare Multispecialty Hospital?



Northern Nigeria's **pioneer standalone Institution** wholly dedicated to comprehensive **Cardiovascular and Internal Medicine**.

Received Multiple **Awards for Excellence in Service.**

We are a **Support Hospital** for your practice in Nigeria through our **specialized services, training, and research in collaboration with you.**

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POST CAG REVIEW

- Guest had CAG that revealed

1. Mid LAD narrowing of 50-60% (likely partially recanalized)
2. Distal LAD narrowing in the terminal area of 95-99%
3. Mid diffuse RCA lesions of about 30%
4. The anterograde flow TIMI 3

- Successful PCI X 1 stent deployed
- Procedure was well tolerated

PLAN

- Aspirin 75 mg for at least 6-9 months (MANDATORY)
- Lifelong Clopidogrel 75mg for at least 6-9 months (MANDATORY)
- High dose Statin therapy
- IVF N/Saline 500mls 8hrly by infusion pump
- N-Acetyl Cysteine 600mg tds x 5/7
- Risk factor modification - cholesterol, lifestyle, glycemic profile
- Avoid Metformin for now

By Day 3

- Breathlessness was said to be resolving
- Dyspnea now on moderate exertion
- No complaints of Chest pain or palpitation
- Guest was weaned off inotrope
- Had been ambulating
- Still feels bloated and has been constipated for 3/7

O/E

- A middle-aged man, no pedal oedema
- SpO2: 89-93% iRA, 96% on iNO2 @ 2L/min
- PR: 95bpm
- BP: 104/63mmHg
- HS: S1S2
- Coarse crepitations on the mid and lower lung zones bilaterally

What are the Cardiocare Multispecialty Hospital's services?

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We provide **24/7 world-class healthcare solutions** for patients, hospitals, and their doctors in:

- ✓ Interventional Cardiology (Cathlab)
- ✓ Endocrinology, Diabetology & Metabolic Medicine
- ✓ Cardiology
- ✓ Nephrology, Transplant & Dialysis
- ✓ Neurology
- ✓ Rheumatology
- ✓ Pulmonology
- ✓ Critical Care
- ✓ Cardiothoracic Surgery
- ✓ General Internal Medicine
- ✓ Comprehensive Medical Checkups

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PLAN

- Transfer to the ward
- Do Blood Culture, Sputum MCS
- Repeat CXR, ECG, FBC, EUCr
- Do Abd/pelvic USS
- Increase SC Clexane to 40mg 12 hrly
- Increase IV Frusemide to 20mg 6 hrly, but skip if BP is less than 90/60 mmHg
- Supp Ducolax I daily
- Susp Gestid 10mls TDS
- Ct cardiac monitoring
- For dietician review
- Encourage to feed well
- Ensure liberal fluid intake
- For Intermittent O2 therapy

Day 4-6

- Chest X-ray shows Cardiomegally with Clear Lung Fields.
- Repeat EUCr shows SeCr on the downward trend 1.34mg/dl from 1.66mg/dl 3/7 ago
- Still complains of bloating, although says its subsiding.
- Stool H. Pylori negative.
- Moves bowel 1-2times daily.

- O/E
- A middle-aged man, regressing respiratory distress, afebrile (36.2*C), not pale, anicteric, not cyanosed, not dehydrated, no pedal oedema

- CVS
- PR: 96bpm, regular small volume
- BP: 94/60 mmHg
- HS: S1&S2 with tachycardia

- RESP
- RR: 18cpm
- SpO2: 95% IRA
- Residual crepitations on the right lower lung zones laterally

- ABD: Full, soft
- Nil area of tenderness
- Nil palpable organomegaly

- CNS: Conscious and alert

- ASS:

1. Resolving Decompensated HF 2ry to DCM KIV Acute Myocarditis, with Cardiorenal Syndrome Type 1
2. B/G Coronary artery disease

How to refer patients to Consider Cardiocare Multispecialty Hospital?

1. Give a standard referral letter & preferably attach any available results
2. **Call:** 0908-331-7777, 0817 444 0888
3. **WhatsApp**: 0908-331-7777, 0806-530-1797
4. **Email**: frontdesk@cardiocare.ng
5. **Visit**: 5, Giza Close Area 11, Garki (off Dunukofia Str- near FCDA) Abuja-FCT.
6. Kindly indicate Doctor's name, & email/phone number especially if you wish to receive a medical report afterwards.

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PLAN

- Increase Tab Bisoprolol to 5mg dly
- IV Levofloxacin 500mg dly
- Temporize on Uperio until BP appreciates
- Monitor vital signs closely
- Ct other ongoing mgt and bedside nursing care

DA 7-9

- No new complaints
- Still complain of bloating although getting better
- Abd uss shows gaseous distended bowel loops

- O/E
- A middle-aged man, afebrile, not pale, anicteric, not cyanosed, not dehydrated, no pedal oedema

- CVS
- PR: 83 bpm
- BP: 107/59 mmHg
- HS: S1&S2

- RESP
- RR: 20cpm
- SpO2: 96% IRA
- VBS

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0817 444 0888, 0817 444 5544, 0908 331 7777

frontdesk@cardiocare.ng

ABD:

- Full, soft
- Nil area of tenderness
- Nil palpable organomegaly

PLAN

- Tabs Tinidazole 1g stat (as discussed with Gastroenterologist)
- Ct other ongoing mgt

Day 10

- No chest pain, no diff in breathing.
- Bloating has subsided
- Nil complaint

O/E

- A middle-aged man, afebrile, not pale, anicteric, not cyanosed, not dehydrated, no pedal oedema

CVS

- PR: 82bpm
- BP: 91/57 mmHg
- HS: S1&S2

RESP

- RR: 20cpm
- SpO2: IRA
- VBS

PLAN

- Do FBC, EUCr
- CT Meds as prescribed
- For Possible discharge

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❖ We aim to provide the best possible care with respect to

- ❑ SAFETY
- ❑ EFFECTIVENESS
- ❑ PATIENT CENTEREDNESS
- ❑ INTERNATIONAL STANDARDS

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Day 11

- Nil fresh complaint
- No chest pain difficulty in breathing
- FBS; 5.8 MMOL/L

O/E

- A middle-aged man, afebrile, not pale, anicteric, not cyanosed, not dehydrated, no pedal oedema

CVS

- PR: 80 bpm
- BP: 101/52 mmHg
- HS: S1&S2

RESP

- RR: 20 cpm
- SpO2: 98 ORA
- VBS

OUR FACILITIES

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24

BED SPACE

VIP SUITES,

PRIVATE SUITES,

GENERAL SUITES etc

2

INTENSIVE CARE UNIT

HDU&ICU

3

THEATERS

ULTRAMORDEN CATHLAB, CARDIAC OPERATION THEATER

1

DIALYSIS SUITE

PHYSIOLOGY LAB

RADIOLOGY SIUTE

PLAN

- Discharge home on;
- Tabs Cefixime 400mg daily x 1/52
- Tabs Levofloxacin 500mg daily x1/52
- Tabs Spironolactone 25mg
- Tabs Omeprazole 20mg BD x 2/52
- Tabs Aspirin 75mg Daily
- Tabs Clopidogrel 75mg Daily
- Tabs Atorvastatin 80mg Daily
- Tabs Empagliflozin 10mg Daily
- Syrup Polygel 10 mls tds x 2/52
- Tabs Bisoprolol 5mg Daily
- Tabs Febuxostat 40mg dly
- Tabs Frusemide 20mg daily
- See in clinic on Monday 14/07/25

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THANK YOU

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Is incomplete without your collaborations

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Lets support your practice for better patients outcomes.

Lets partner with you…

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