

Rebecca S. is a 36-year-old female with a complaint of abdominal pain x 8 hours

History elements (these also indicate the questions that should be asked)

- Stomach pain began last night after dinner
- intermittent and colicky in quality and located in the right upper quadrant
- The pain does not radiate
- No changes in bowel movements
- Last ate yesterday, breakfast - croissant with eggs, lunch - chicken with french fries, dinner - chicken soup and fried chicken on the bone
- No food allergies
- Has not had pain like this in the past
- Nausea present
- One episode of NBNB vomit
- Jaundice is not present
- No dysuria
- LMP - 2 weeks ago
- Heterosexual, married for 7 years
- History of GERD, no other significant medical history
- No history of STIs
- Fever 100.2F

Physical Exam (also indicates what procedures should be done)

- Vital signs – P90, BP124/82, R 16, T 100.2F
- Gen – alert, in obvious pain, holding hand to stomach
- Abd – BS +, abdomen soft, right upper quadrant tenderness, no rebound or guarding, Murphy sign positive, no supra-pubic tenderness, no masses palpated
- Genito – Unremarkable

Differential Diagnosis

- Cholecystitis - cholecystitis is the most likely diagnosis due to this patient's presentation. The patient is presenting with intermittent abdominal pain, positive Murphy's sign, association with fatty food and nausea and vomit which are all typical of cholecystitis.
- Gallstone pancreatitis - gallstone pancreatitis is possible due to the patient's presentation with colicky abdominal pain. This patient does not have any pain radiating to the back which is typical of pancreatitis. However, due to the location of the patient's pain pancreatitis should not be ruled out.
- Cholangitis - cholangitis typically presents with RUQ pain, jaundice and fever. This patient has two/three classic findings, but this patient does not have jaundice. However, due to the nature of the patient's pain and history, cholangitis is suspected.

Tests (Student will be given results for any that are ordered):

- CBC - unremarkable
- Lipase - 49U/L

- CMP -
- Bilirubin
- Abdominal US - positive for gallstones in the gallbladder, shadowing, gallbladder wall thickening



#### Treatment

- NPO, IV fluids
- Zofran for nausea
- Dilaudid for pain
- Cefoxitin
- Surgical consult for possible cholecystectomy

#### Pt. counseling

- Educate patient that symptoms are caused by gallstones in the gallbladder which obstructed the gallbladder
- Advise patient to avoid fatty foods

#### Your question should include the following elements:

- A case scenario – basically what you would include in an HPI first sentence
- Responses to appropriate history questions
- Physical Exam that should be done for this patient
- Labs/tests that should be ordered and their results
- Differential Diagnosis that is expected - (at least 3 and briefly state why you choose this diagnosis)

Remember that this is for didactic year students so it can be fairly simple. It should be a problem that they could work through in 20-30 minutes