DISEASE DIAGNOSIS

Name

Course

Tutor

Date

Disease diagnosis

**Chief complaints**

The patient, in this case, complains of difficulty in breathing as her major worry. The hard time she has in breathing causes her breath to be short and incomplete resulting in increased frequency of instances of fatigue. Unfortunately, the discomforts are carried forward to her bedtime where she has no convenience as she is forced to lie on a recliner during the night to salvage any chance at sleeping comfortably. The chief complaint, in this case, is the difficulty in breathing, and therefore the condition from which due suffers could be respiratory. However, the fact that she has a colorful history with cardiac diseases could not go unnoticed as well as the fact instances of high pressure within her life has been significant leads to the consideration of coronary disease as a possibility.

**Differential diagnosis**

Given the signs and symptoms exhibited by the old lady, many illnesses could be attributed to the same hence the need for a differential diagnosis to accurately determine the issue of concern for the administration for appropriate treatment procedures. In this case, the most probable determinations are chronic lung infection, chronic heart failure and bronchitis since the symptoms exhibited by the disease are a depiction of either heart failure or respiratory disease. In this case, the physician may use three tests chest x-ray, pulmonary function tests, and arterial blood gases when breathing room air to determine the illness from which the patient suffers. The tests conducted indicate that the disease is idiopathic pulmonary fibrosis a lung disorder given that the causes are not consistent with the heart diseases (Ross, 2018).

**Treatment plan**

The fact that idiopathic pulmonary fibrosis is treatable only heightens the significance of the treatment process. In this case, anti-inflammatory medicines are given more focus since doctors believe that inflammation is the primary cause of the infection. On top of that, prevent undercurrent infection with influenza and pneumonia becomes a priority by administering their respective vaccines. Lung implants may be a last resort effort to younger patients who are more likely to survive surgery and are of productive ages (Richeldi, et al., 2017).

**References**

Richeldi, L., Collard, H. R., & Jones, M. G. (2017). Idiopathic pulmonary fibrosis. The Lancet, 389(10082), 1941-1952.

Ross, C. (2018). Idiopathic pulmonary fibrosis. Challenging Concepts in Respiratory Medicine: Cases with Expert Commentary.