**Patient Name:**Janice Navarro

**Date of Birth:** 12/3/1971

**Clinical Notes:**The patient presents with chronic shortness of breath and dyspnea upon exertion. Symptoms started several years ago and have progressively gotten worse. She reports that she is no longer able to walk around her block without severe breathlessness. Shehas a history of heavy smoking, does not take any regular medications, and has no personal or family history of heart disease. Physical exam reveals cyanosis in bilateral fingernail beds.

Current vital signs: BP 140/92, HR 88 bpm, Temperature 98.4°F

After a physical examination,imaging, and laboratory testing, the physician confirms the diagnosis of emphysema.

**Question #1:**What might Ms. Navarro’s spirometry results look like? (Please use your text book as reference.)

Click or tap here to enter text.

**Question #2:**What are other possible signs and symptoms of emphysema that are not mentioned in this case?

Click or tap here to enter text.

**Question #3:**What types of **imaging** tests may be used to confirm emphysema? Describe the abnormalities that would be present in the imaging test.

Click or tap here to enter text.

**Question #4:**How is the cyanosis in Ms. Navarro’s nailbeds related to her diagnosis?

Click or tap here to enter text.

**Question #5:**How is the pathophysiology of Ms. Navarro’s condition different from the pathophysiology of other forms of COPD?

Click or tap here to enter text.

**Patient Name:**JeffreyBuddell

**Date of Birth:**1/18/1985

**Clinical Notes:**Male patient presents with fatigue, jaundice, dark urine, unintended weight loss, and poor appetite. He reports that the symptoms have been getting worse over several weeks. He states that he “thought I was just dehydrated and everything would get better, but it’s getting much worse.” Yesterday, he noticed several bruises on his hips and legs but does not remember any injury that would have caused the bleeding.

Mr. Buddell admits to heavy alcohol intake in the past and three instances of intravenous drug use, but he has been sober for more than six months.

Current vital signs: BP 122/78, HR 88 bpm, Temperature 100.2°F

The physician suspects hepatitis and orders laboratory tests to confirm his diagnosis.

**Question #1:**Given Mr. Buddell’s symptoms and history, which type of hepatitis is most likely? (Note, incubation periods of the different types of hepatitis.)

Click or tap here to enter text.

**Question #2:**Describe the pathophysiology and route of infection for the type of hepatitis you believe Mr. Buddell is exhibiting.

**Question #3:**What are potential complications of hepatitis that Mr. Buddell should be aware of?

Click or tap here to enter text.

**Question #4:**If the physician orders a **complete blood count (CBC)**, which abnormal results would you expect?

Click or tap here to enter text.

**Question #5:**Should Mr. Buddell worry about passing this disease to other people? If so, what protective measures can he take?

Click or tap here to enter text.

**Patient Name:**RajaniJefferson

**Date of Birth:**11/17/1984

**Clinical Notes:**Female patient presents with extreme, acute right-sided lower back pain. She reports that the pain began as a dull ache last evening, but escalated to an intense sharp pain quickly since this morning. The pain radiates in the lower right abdomen. She denies any history of trauma. The patient reports experiencing hematuria a few hours ago.

Medical history reveals multiple urinary tract infections, dehydration, Cushing syndrome, and a family history of multiple cancers (breast, prostate, colon).

Current vital signs: BP 126/78, HR 76 bpm, Temperature 98.6°F

The physician ordered an ultrasound of the right kidney, which identified renal calculi. A CT scan of the kidneys, ureters, and bladder was ordered as a follow-up.

Laboratory tests ordered: Complete blood count, urinalysis  
  
Diagnosis: Nephrolithiasis

**Question #1:**Which risk factors did Ms. Jefferson exhibit for the diagnosis of urolithiasis?

Click or tap here to enter text.

**Question #2:**If her CT scan revealed renal calculi **larger than** 6mm in size, what type of treatment(s) would likely be recommended?

Click or tap here to enter text.

**Question #3:**Lab results determine that Ms. Jefferson has the most common type of kidney stones, calcium oxalate and calcium phosphate. Does this mean her renal calculi are caused by a high dietary intake of calcium? Why or why not?

Click or tap here to enter text.

**Question #4:**What type of complications may occur if Ms. Jefferson does not go through with the recommended treatment?

Click or tap here to enter text.

**Question #5:**What preventative measures should Ms. Jefferson take to avoid recurrence?

Click or tap here to enter text.