

Presentation

- 25 yo M presents with diarrhea and abdominal cramps. He was recently in Mexico.

Differential

- **Travelers diarrhea**
- Giardiasis
- Amebiasis
- Food poisoning
- Hepatitis A

Workup

- Rectal exam
- Stool leukocytes, culture, Giardia antigen, Entamoeba histolytica antigen
- Electrolytes
- AST/ALT/ bilitubin/ alkaline phosphatase
- Viral hepatitis serology

Presentation

- 30 yo F presents with watery diarrhea and abdominal and aggravated by milk ingestion and are relieve by fasting.

Differential

- Lactose intolerance
- Gastroenteritis
- Inflammatory bowel syndrome
- Hypertyroidism

Workup

- Rectal exam
- Stool exam
- Hydrogen breath test
- TSH

Presentation

- 33 yo M presents with watery diarrhea, diffuse abdominal pain, and weight loss over the past three weeks. He has not responded to antibiotics.

Differential

- Crohn's disease
- Gastroenteritis
- Ulcerative colitis
- Celiac disease
- Pseudomembranous colitis
- Hyperthyroidism
- Small bowel lymphoma
- Carcinoid

Workup

- Rectal exam
- Stool exam and culture
- CBC, electrolytes
- TSH
- CT – abdomen
- Colonoscopy
- Small bowel series
- Urinary 5-HIAA

- **Presentation**

- 45 yo F presents with coffee-ground emesis for the last three days. Her stool is dark and tarry. She has a history of intermittent epigastric pain that is relieved by food and antacids.

- **Differential**

- Bleeding peptic ulcer
- Gastritis
- Gastric cancer
- Esophageal varices

- **Workup**

- Rectal exam
- CVC, electrolytes
- AST/ALT/bilirubin/alkaline phosphatase
- Endoscopy (including H. pylori testing if ulcer is confirmed)

- Presentation

- 40 yo F presents with epigastric pain and coffee-ground emesis. She has a history of rheumatoid arthritis that has been treated with aspirin. She is an alcoholic.

Differential

- Gastritis
- Bleeding peptic ulcer
- Gastric cancer
- Esophageal
- Mallory-Weiss tear.

Workup

- Rectal exam
- CBC, electrolytes
- AST/ALT/ bilirubin/ alkaline phosphatase
- Barium swallow
- Endoscopy

○ Presentation

- 67 yo M presents with blood in his stool, weight loss, and constipation. He has a family history of colon cancer.

Differential

- Colorectal cancer
- Anal fissure
- Hemorrhoids
- Diverticulosis
- Ischemic bowel disease
- Angiodysplasia
- Upper GI bleeding
- Inflammatory bowel disease

Workup

- Rectal exam
- AST/ALT/bilirubin/alkaline phosphatase
- CEA
- Colonoscopy
- CT – abdomen/pelvis
- Barium enema

Presentation

- 33 yo F present with rectal bleeding and diarrhea for the past week. She has had lower abdominal pain and tenesmus for several months.

Differential

- **Ulcerative colitis**
- Cohn's disease
- Proctitis
- Anal fissure
- Hemorrhoids
- Diverticulosis
- Dysentery

Workup

- Rectal exam
- CBC, PT/PTT
- AXR
- Colonoscopy
- CT – abdomen/pelvis
- Barium enema

Presentation

- 58 yo M presents with bright red blood per rectum and chronic constipation. He consumes a low-fiber diet.

Differential

- Diverticulosis
- Anal fissure
- Hemorrhoids
- Angiodysplasia
- Colorectal cancer

Workup

- Rectal exam
- CBC, PT/PTT
- Electrolytes
- Colonoscopy
- CT-abdomen/pelvis

Presentation

- 65 yo M presents with painless hematuria. He is a heavy smoker and works as a painter.

Differential

- Bladder cancer
- Renal cell carcinoma
- Nephrolithiasis
- Acute glomerulonephritis
- Prostate cancer
- Coagulation disorder (i.e., factor VIII antibodies)
- Polycystic kidney disease

Workup

- Genitourinary exam
- UA, urine cytology
- BUN/Cr, PSA, CBC, PT/PTT
- Cystoscopy
- U/S – renal/bladder
- CT/ abdomen/pelvis
- IVP

Presentation

- 35 yo M presents with painless hematuria. He has a family history of kidney problems.

Differential

- **Polycystic kidney disease**
- Nephrolithiasis
- Acute glomerulonephritis (e.g., IgA nephropathy)
- UTI
- Coagulation disorder
- Bladder cancer

Workup

- Genitourinary exam
- UA
- BUN/Cr, PSA, CBC, PT/PTT
- U/S – renal
- CT – abdomen/pelvis
- IVP

Presentation

- 55 yo M presents with flank pain and blood in his urine without dysuria. He has experienced weight loss and fever over the past two months

Differential

- **Renal cell carcinoma**
- Bladder cancer
- Nephrolithiasis
- Acute glomerulonephritis
- Pyelonephritis
- Prostate cancer

Workup

- Genitourinary, rectal exam
- UA, urine cytology, BUN/Cr, PSA, CBC, PT/PTT
- U/S – renal
- CT – abdomen/pelvis
- IVP

Presentation

○ 60 yo M presents with nocturia, urgency, weak stream, and terminal dribbling. He denies any weight loss, fatigue, or bone pain. He has had two episodes of urinary retention that required catheterization.

Differential

- Benign prostatic hypertrophy (BPH)
- Prostate cancer
- UTI
- Bladder stones

Workup

- Rectal exam
- UA
- CBC, BUN/Cr, PSA
- U/S – prostate (transrectal)

Presentation

- 71 yo M presents with nocturia urgency, weak stream, terminal dribbling, hematuria, and lower back pain over the past four months. He has also experienced weight loss and fatigue.

Differential

- Prostate cancer
- BPH
- Renal cell carcinoma
- UTI
- Bladder stones

Workup

- Rectal exam
- UA
- CBC, BUN/Cr, PSA
- U/S-prostate (transrectal)
- CT- pelvis
- IVP

Presentation

18 yo M presents with a burnings sensation during urination and urethral discharge. He recently had unprotected sex with a new partner.

Differential

- Urethritis
- Cystitis
- Prostatitis

Workup

- Genital± rectal exam
- UA
- Urine culture
- Gram stain and culture of urethral discharge
- Chlamydia and gonorrhea PCR

Presentation

- 45 yo diabetic F presents with dysuria, urinary frequency, fever, chills, and nausea over the past three days. There is left CVA tenderness on exam.

Differential

- **Acute pyelonephritis**
- Nephrolithiasis
- Renal cell carcinoma
- Lower UTI (cystitis urethritis)

Workup

- UA
- Urine culture and sensitivity
- CBC, BUN/Cr
- u/s – RENAL
- CT - abdomen

Presentation

○ 47 yo M presents with impotence that started three months ago. He has hypertension and was started on atenolol four months ago. He also has diabetes and is on insulin.

Differential

- **Drug-related ED**
- ED caused by hypertension
- ED caused by diabetes mellitus
- Psychogenic ED
- Peyronies disease

Workup

- Genital exam
- Rectal exam
- Glucose
- CBC

Presentation

- 18 yo M presents with severe LUQ abdominal pain that radiates to the scapula. He had infectious mononucleosis there weeks ago.

Differential

- Splenic rupture
- Kidney stone
- Rib fracture
- Pneumonia
- Perforated peptic ulcer
- Splenic infarct

Workup

- Rectal exam
- CBC, electrolytes
- CXR
- CT – abdomen
- U/S - abdomen

Presentation

- 40 yo M presents with amenorrhea, morning and vomiting, fatigue, and polyuria. Her last menstrual period was six weeks ago, and her breasts are full and tender. She uses the rhythm method for contraception.

Differential

- **Pregnancy**
- Anovulatory cycle
- Hyperprolactinemia
- UTI
- Thyroid disease

Workup

- Pelvic exam
- Urine hCG
- U/S-pelvis
- CBC, electrolytes
- UA, urine culture
- Prolactin, TSH
- Baseline Pap smear, cervical cultures, rubella antibody HIV antibody, hepatitis surface antigen, and VDRL/RPR.

Presentation

- 23 yo obese F presents with amenorrhea for six months, facial hair, and infertility for the past three years.

Differential

- Polycystic ovary syndrome
- Thyroid disease
- Hyperprolactinemia
- Pregnancy
- Ovarian or adrenal malignancy
- Premature ovarian failure

Workup

- Pelvic exam
- Urine hCG
- U/S – pelvis
- LH/FSH, TSH, prolactin
- Testosterone DHEAS.

○ **Presentation**

- 35 yo F presents with amenorrhea, galactorrhea, visual field defects, and headaches for the past six months.

Differential

- Amenorrhea secondary to prolactinoma
- Pregnancy
- Thyroid disease
- Premature ovarian failure
- Pituitary tumor

Workup

- Pelvic and breast exam
- Urine Hcg
- Prolactin
- LH/FSH, TSH
- MRI-brain

Presentation

- 48 yo F presents with amenorrhea for the past six months accompanied by hot I flushes, night sweats, emotional lability, and dyspareunia.

Differential

- **Menopause**
- Pregnancy
- Pituitary tumor
- Thyroid disease

Workup

- Pelvic exam
- Urine hCG
- LH/FSH, TSH, prolactin, testosterone, DHEAS
- CBC
- MRI - brain

Presentation

- 35 yo F presents with amenorrhea, cold intolerance, coarse hair, weight loss, and fatigue. She has history of abruption placentae followed by hypovolemic shock and failure of lactation two years ago.

Differential

- **Sheehan's syndrome**
- Premature ovarian failure
- Pituitary tumor
- Thyroid disease
- Ashermans syndrome

Workup

- Pelvic exam
- Urine hCG
- CBC
- LH/FSH, prolactin
- TSH, FT4
- ACTH
- MRI-brain
- Hysteroscopy

Presentation

- 18 yo F present with amenorrhea. She has lost 95 pounds and has a history of vigorous exercise and cold intolerance.

Differential

- **Anorexia nervosa**

Workup

- CBC
- TSH
- FT4
- ACTH
- FSH
- LH

Presentation

- 29 yo F presents with amenorrhea for the past six months. She has a history of occasional palpitations and dizziness. She lost her fiancé in a car accident.

Differential

- **Anxiety – induced amenorrhea**

Workup

- CBS
- TSH
- FT4
- ACTH
- Urine cortisol level
- Progesterone challenge test
- FSH/LH/estradiol levels

Presentation

- 17 yo F presents with prolonged, excessive menstrual bleeding occurring irregularly over the past six months.

Differential

- Dysfunctional uterine bleeding
- Coagulation disorders (e.g., von Willebrands disease, hemophilia)
- Cervical cancer
- Molar pregnancy
- Hypothyroidism
- Diabetes

Workup

- Pelvic exam
- Urine hCG
- Cervical cultures, Pap smear
- CBC, ESR, glucose
- PT/PTT
- Prolactin, LH/FSH
- TSH
- U/S - pelvis

Presentation

- 67 yo M presents with alternating diarrhea and constipation, decreased stool caliber, and blood in the stool for the past eight months. He also reports unintentional weight loss. He is on a low-fiber and has a family history of colon cancer.

Differential

- Colorectal cancer
- Irritable bowel syndrome
- Diverticulosis
- GI parasitic infection (ascariasis, giardiasis)
- Inflammatory bowel disease
- Angiodysplasia

Workup

- Rectal exam
- CBC
- AST/ALT/bilirubin/alkaline phosphatase
- Colonoscopy
- Barium enema
- CT – abdomen/pelvis

Presentation

- 61 yo obese M present with profuse vaginal bleeding over the past month. Her last menstrual period w 10 years ago. She has a history of hypertension and diabetes mellitus of hypertension and diabetes mellitus. She is nulliparous.

Differential

- **Endometrial cancer**
- Cervical cancer
- Atrophic endometrium
- Endometrial hyperplasia
- Endometrial polyps
- Atrophic vaginitis

Workup

- Pelvis exam
- Pap smear
- Endometrial biopsy
- U/S – pelvis
- Endometrial curettage
- Colposcopy
- Hysteroscopy

Presentation

- 45 yo G5P5 F present with postcoital bleeding. She is a cigarette smoker and takes OCPs

Differential

- **Cervical cancer**
- Cervical polyp
- Cervicitis
- Trauma (e.g., cervical laceration)

Workup

- Pelvic exam
- Pap smear
- Colposcopy and biopsy

Presentation

- 28 yo who is 5 weeks pregnant presents with lower abdominal pain and vaginal bleeding.

Differential

- Spontaneous abortion
- Ectopic pregnancy
- Molar pregnancy

Workup

- Pelvic exam
- Pap smear
- Colposcopy and biopsy

Presentation

- 28 yo F who is eight weeks pregnant presents with lower abdominal pain and vaginal bleeding.

Differential

- Spontaneous abortion
- Ectopic pregnancy
- Molar pregnancy

Workup

- Pelvic exam
- Urine hCG
- U/S –pelvis
- CBC, PT/PTT
- Quantitative serum hCG