

A 65-year-old male with a 45 pack-year smoking history presents with progressive exertional dyspnea, chronic productive cough with mucoid sputum (worse in the mornings), frequent winter "bronchitis" episodes, and wheezing. He reports being unable to climb one flight of stairs without stopping to catch his breath. Physical examination reveals a barrel-shaped chest, use of accessory respiratory muscles, prolonged expiratory phase, and scattered wheezes. Pulmonary function tests show FEV1 of 45% predicted, FEV1/FVC ratio of 0.62, and minimal bronchodilator response. Chest X-ray shows hyperinflation and flattened diaphragms.