# ✅ Summary of Significant Findings

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| Finding | Interpretation |
| CT Scan: Putaminal bleed | Confirms hypertensive ICH |
| BP = 190/110 + LVH | Chronic hypertension as etiology |
| Fixed pupil + coma + GCS 8 | Suggests mass effect with brain herniation |
| Normal coagulation, glucose, ECG | Rules out metabolic, infectious, or cardiac causes |

### Pathophysiology and Interpretation of Findings:

WBC (11,000 cells/mm³): Mild leukocytosis could be due to infection, inflammation, or stress response.

HCT (36%): On the lower end of normal; could suggest mild anemia.

PLT (212,000 cells/mm³): Normal platelet count; no immediate concerns.

HDL (89 mg/dl): Elevated HDL is generally protective against cardiovascular disease.

LDL (45 mg/dl): Low LDL levels can be protective against heart disease.

Cr (1.2 mg/dl): On the upper end of normal, indicating possible reduced renal clearance.

BUN (20 mg/dl): Normal BUN but on the higher end; possible mild dehydration or renal stress.

ALP (170 u/L): Elevated ALP could suggest liver or bone disease.

RBS (105 mg/dl): Elevated blood sugar, indicating potential prediabetes.

CT Brain (3 x 5 cm hyperdense area in putamen and thalamus): Possible vascular event like stroke.

LVH with EF of 60%: Left ventricular hypertrophy, indicating chronic hypertension.

### Case Summary

This is a known hypertensive patient for the past 10 years who discontinued medication since a year back presented with loss of consciousness for the past 3 hours after she was told that her younger brother. He has fecal and urinary incontinence. Had history of headache since 2 weeks back. No other pertinent Hx.  
On examination ,acutely sick looking (coma)  
V/s; BP =190/110 mmHg, rtarm, supine position  
PR= 108 bpm, regular, full in volume  
RR= 21 breaths/min, irregular, deep  
To= 37.8 0c, axillary, in the morning  
SaO2 = 94 with atm air.  
CNS; - Comatose with GCS of 8/15 (E-2, V-3, M -3)  
Fixed and dilated left pupil, reactive and normal size right pupil  
Facial deviation to the right  
Hypertonic left upper and lower extremities, with comparable muscle bulk.  
Power is difficult to assess.  
Reflex is ¾ on her Lt Upper and lower extremities, with no clonus.  
Babiniski is upgoing.  
Non contrast enhanced CT scan of brain  
3 x 5 cm hyper dense area in the putamen and part of thalamus.  
She was diagnosed to have coma 2o to hemorrhagic stroke + Left sided facial palsy and is being managed with:  
- Coma care  
- NGT feeding  
- Antihypertensive  
- Close monitoring of BP  
- Bedside physiotherapy

### MINI CASE

What if she was a known cardiac patient and was found to have left sided body weakness while asleep. On physical exam, PR of 150 bpm, irregularly irregular.