

Physical Exam Part 2

- $C/V: +s1/s2$, regulate and rhythm with ut m un m un

- Cardiac abnormalities of congenital heart disease can be detected in DiGeorge Syndrome

- **Resp: clear to auscultation bilaterally without wheezing, rhonchi or rales**

- Rhonchi in lungs or clubbing in fingers may suggest pulmonary changes due to pneumonia(s)

- **Abd: +BS, soft, non-tender, non-distended, no hepatosplenomegaly**

- Splenomegaly can be seen in Hyper IgM syndrome and CVID

• **GU: normal genitalia**

• **Extremities/MSK: Warm and well perfused, no tenderness**

• Neuro: Grossly normal, cranial nerves II-XII intact, normal gait

- Abnormal ataxic gait would suggest a form of antibody class deficiency (ATM mutation), or DiGeorge Syndrome

- **Skin: Well-hydrated without rash or lesions**

- Unusual changes in hair, persistent eczema, infection (e.g. molluscum contagiosum), telangeiectasias could all suggest some types of immunodeficiency. Abscesses or cellulitis could be seen in diseases of phagocytes/neutrophils. Albinism could be noted in Chediak-Higashi syndrome





**PJ at home after
last hospitalization**

Physical Exam

Part 2



PJ at home after last hospitalization

- **CV: +s1/s2, regular rate and rhythm without murmur**
 - Cardiac abnormalities of congenital heart disease can be detected in DiGeorge Syndrome
- **Resp: clear to auscultation bilaterally without wheezing, rhonchi or rales**
 - Rhonchi in lungs or clubbing in fingers may suggest pulmonary changes due to pneumonia(s)
- **Abd: +BS, soft, non-tender, non-distended, no hepatosplenomegaly**
 - Splenomegaly can be seen in Hyper IgM syndrome and CVID
- **GU: normal genitalia**
- **Extremities/MSK: Warm and well perfused, no tenderness**
- **Neuro: Grossly normal, cranial nerves II-XII intact, normal gait**
 - Abnormal ataxic gait would suggest a form of antibody class deficiency (ATM mutation), or DiGeorge Syndrome
- **Skin: Well-hydrated without rashes or lesions**
 - Unusual changes in hair, persistent eczema, infection (e.g. molluscum contagiosum), telangiectasias could all suggest some types of immunodeficiency. Abscesses or cellulitis could be seen in diseases of phagocytes/neutrophils. Albinism could be noted in Chediak-Higashi syndrome

How do the exam findings help focus your differential diagnosis?

- [Open this form](#) to summarize and possibly reprioritize your differential diagnosis. Please include any key exam findings (normal or abnormal) and how they affect your thoughts on the ranking your differential diagnosis.
- After you have finished entering your thoughts, you may proceed with the case.

(Type your responses in the online form)