PULMONARY PATHOLOGY

LASOP
October 11, 2011

Sara Acree, M.D. (PGY-5)
Surgical Pathology Fellow
Clinical History

Pt: 76 yo Caucasian female

CC: Shortness of breath,
Dyspnea on exertion
Progressively worsening over last year

ROS: Denies chest pain, cough, hemoptysis
Denies headache, dizziness
Denies fever, nausea and vomiting
Denies h/o TB or exposure
Clinical History, cont.

• **PMH:** Mitral valve regurgitation/replacement
  Atrial fibrillation/flutter s/p pacemaker, CAD, Hypertension, Hyperlipidemia

• **MEDS:** Lipitor, Sotalol, Verapimil, Coumadin, Lasix, Atrovent

• **SocHx:** Lives in town
  Non-smoker
  No pets (including birds)
Clinical History, cont.

- **PE:** Moderate respiratory distress
  - Vitals: Respiratory Rate 24, BP 140/90, HR 80, T 98.6
  - Cardiovascular: Regular
  - Pulmonary: Clear breath sounds, No crackles, wheezes, rhonchi

- **EKG:** Atrial fibrillation without ST-T changes

- **LABS:** Normal CBC, Coag studies
  - Normal Comprehensive Metabolic Panel
Pulmonary Function Testing

• **FINDINGS:**
  - FEV1/FVC ratio is reduced
  - FEV1 and FVC reduced without significant bronchodilator response
  - Mild flow rates are reduced
  - TLC is reduced
  - RV is within normal limits
  - DLCO is reduced
  - Flow volume reveals an end-expiratory flow limitation
• Thoracoscopy

• Wedge biopsies of RLL segments:
  – Superior
  – Lateral basal
  – Medial basal
What is your diagnosis?