

## The Case

A 70 y/o male is admitted with dizziness and near syncope X 3 days. The dizziness is described as “feeling like I’m going to pass out”; it is worsened with rising from a sitting position but not with head movement or other maneuvers. He denies chest pain, palpitations, SOA, Sx TIA or CVA, prior Hx syncope, known arrhythmia, known prior MI, vomiting or diarrhea, exposure to excess heat, or current febrile illness.

PMH: DM type II X 20 years; retinopathy, neuropathy; HTN X 40 years, recently HCTZ added

FHx: CAD in father, age 90

SHx: smokes 2 PPD X 40 years; no significant EtOH; avid gardener and golfer, has been working outside in 95 degree weather the past 5 days. Drinks iced tea 2 gallons per day

ROS: urinary hesitancy and nocturia X 2 years; SOA & chronic cough in AM

PE: alert, oriented, NAD

BP 100/70 P 80 sitting, 80/60 P 80 standing

Fundi: AV nicking

No carotid bruits

Lungs: scattered ronchi

CV: S4 gallop, no murmur

Neuro: WNL except decreased DTRs & light touch in feet

Skin: unremarkable

Meds: HCTZ 25 mg qd; Atrovent 2 puffs qid; Norvasc 5 mg qd; ibuprofen 800 mg tid; prn albuterol

Admit lab: EKG—1<sup>st</sup> degree AVB, otherwise unremarkable; CXR: emphysema;

CMP: Na 110, Cl 80, HCO<sub>3</sub> 30, Cr 1.8, BUN 60, albumin 4.0, LFTs WNL,

Calcium 9.2, glucose 90; H/H 15.2/50; WBC 8.0