

## Diagnostic Justification

Points earned 0 of 1 possible or 0%. MSL 65%  
Override Score > MSL  
Points earned for overall score 20 of 20 possible.  
Override Score 100%  
Satisfactory

### Student:

#### First DxJ

The patient likely has mononucleosis. She has had one week history of fever, fatigue, increased sleeping, and sore throat. She also complains of tender swelling in her neck. On exam the swelling is tender lymphadenopathy bilaterally in the posterior cervical chain. The nodes are movable, and not matted. She also has non-tender shotty movable lymphadenopathy in the right Anterior cervical and submandibular chains. Also on exam the patient has tender splenomegally, and no hepatomegally. The patient denies weight changes, night sweats, nasal congestion/drainage, ear pain, periorbital swelling, neck stiffness, cough, dyspnea, wheezing, chest pain, palpitations, nausea, vomiting, diarrhea, constipation, urinary changes, myalgias, and easy bruising/bleeding.

#### Second DxJ

The patient likely has mononucleosis. She has had one week history of fever, fatigue, increased sleeping, and sore throat. She also complains of tender swelling in her neck. On exam the swelling is tender lymphadenopathy bilaterally in the posterior cervical chain. The nodes are movable, and not matted. She also has non-tender shotty movable lymphadenopathy in the right Anterior cervical and submandibular chains. Also on exam the patient has tender splenomegally, and no hepatomegally. The patient denies weight changes, night sweats, nasal congestion/drainage, ear pain, periorbital swelling, neck stiffness, cough, dyspnea, wheezing, chest pain, palpitations, nausea, vomiting, diarrhea, constipation, urinary changes, myalgias, and easy bruising/bleeding. The patient denied any sick contacts, but this infection can be transmitted prior to the carrier having clinical symptoms. Finally, the monospot was positive, CBC showed leukocytosis with absolute count that showed lymphocytosis, and the peripheral smear showed reactive lymphocytes all signs of mononucleosis.

The patient had been seen 1 week prior by prompt care and treated for presumed strep throat with amoxicillin. The patient did not have a positive strep test in office. She also reports that her sore throat, fever, fatigue, and neck swelling have persisted despite this treatment. Strep throat is an infection and can cause lymphadenopathy, but this is often not the primary complaint. The lack of exudate on exam of the oropharynx also ruled this down.

The patient denied all symptoms of upper respiratory infection. She had no congestion, rhinorrhea, cough. On exam she did not have tenderness over maxillary/frontal sinuses.

Lymphoma was included because of positive family history, and mom's concerns. It was ruled down because of the acute onset of the lymphadenopathy, and short duration of fever/fatigue, and sore throat. The acute duration and evolution of the patient's symptoms make infectious causes much more likely. Also the patient denied weight loss/night sweats. On physical exam the lymphadenopathy was shotty, movable, and not matted or hard. The nodes were between 0.5cm-1.0cm which would be small for lymphoma. Finally, the positive monospot and CBC/smear all were indicative of mononucleosis.

### Instructor Keywords:

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