

Client Case #2: Anjali Patel

Cholecystitis and acute pancreatitis

Compare and contrast your assigned client's presentation for each assigned diagnosis. Consider factors such as demographics, onset of symptoms, history of present illness (HPI), and associated risk factors. Include specific factors that contribute to the client's complexity.

Cholecystitis and acute pancreatitis share many similar symptoms, including nausea, vomiting, decreased appetite, abdominal pain, and pain that worsens after eating. In Anjali's case, her right upper quadrant tenderness and positive Murphy's sign are more consistent with acute cholecystitis, which is commonly caused by gallstones. Cholecystitis often presents with RUQ pain, fever, nausea, and pain that may radiate to the shoulder or back.

Acute pancreatitis can also cause nausea, vomiting, and back pain, but the pain is usually more severe, epigastric, and radiates to the mid-back. Her tachycardia, diarrhea, decreased oral intake, and low urine output raise concern for dehydration and systemic inflammation, which can occur with both conditions. Her recent surgery and BMI of 29 also add complexity because postoperative issues and gallstones can contribute to both diagnoses.

Consider the client's primary diagnosis alongside their HPI and physical exam findings. How does the client's medical history complicate and guide the diagnostic process, and what strategies should the FNP use to avoid diagnostic errors? Explain your rationale.

Anjali's symptoms and exam findings make both cholecystitis and pancreatitis a possible diagnosis. Her positive Murphy's sign points more toward gallbladder inflammation, while her mid-back pain and symptoms worsening with eating increase concern for pancreatitis. Her recent knee surgery could also distract the true cause if symptoms are assumed to be postoperative-related. To avoid diagnostic errors, the FNP should keep a broad differential diagnosis and avoid anchoring bias. Important diagnostics include CBC, CMP, liver enzymes, bilirubin, lipase, amylase, urinalysis, and abdominal ultrasound. Elevated lipase would support pancreatitis, while gallstones or gallbladder wall thickening on ultrasound would support cholecystitis. Frequent reassessment is important because both conditions can worsen quickly if untreated.