



## **CARDIOVASCULAR SYSTEM**

### **INTRODUCTION**

1. Name
2. Age
3. Sex
4. Handedness
5. Resident of
6. Education
7. Occupation
8. Informant
9. Reliability

### **CHIEF COMPLAINTS**

1. Xxxxxx – Onset and course
2. Yyyyyy – onset and course
3. Zzzzzzz – onset and course

### **H/O PRESENT ILLNESS**

1. Chest Pain (Mnemonic – OLD CAARTS)
  - a. Onset/location/duration/diurnal variation/Ch.....
  - b. Associated with(Nausea/vomiting/photophobia/  
phonophobia/ abnormal behavior/LOC  
/blurring of vision
  - c. Red flag signs
  - d. Preceded by aura
  - e. Aggravated by/relieved by/timing/severity/
  - f. Frequency (No of epis. in a day)/abn sweating

- g. Pain anywhere in the body/
- h. Diurnal variation/progress/present status
- j. NYHA Class

## 2. Palpitations

- a. Onset – Rest/exertional, Duration
- b. Regular/irregular
- c. Aggravated/relieved by
- d. Associated with
  - i. Presyncope/syncope/sweating/anxiety
  - ii. Post palpitations diuresis
- e. Progress/Present status
- f. NYHA Class

## 3. Dyspnoea

- a. Onset
- b. Progression
- c. Duration
- d. Rest same as for Palpitations
- e. Any Orthopnea/PND/Platypnea/Trepopnea
- f. Present status/NYHA Class

## 4. Easy Fatiguability

- a. Quantity and quality of the fatigue in terms of patient activity which he used to do before and now.
- b. Progress/Present status
- c. NYHA Class

## 5. Syncope and pre-syncope

- a. As Described in CNS

6. Cough and expectoration/Hemoptysis

- a. As described in Respiratory system

7. Fever

- a. Onset/duration
- b. Continuous/intermittent/remittent
- c. Any evening rise
- d. Subsides on medication/not
- e. Chills/rigors
- f. Associated headache/bodyache/sweating

8. Anorexia and weight loss

9. Recurrent respiratory tract infections

10. Failure to thrive

11. Cyanosis

- a. Location – Sclera/lips/tongue/tip of nose/ear lobule/finger/toes
- b. Onset
- c. Lasted for
- d. Relieved by
- e. Any associated pain/paraesthesias

12. Clubbing

13. Hoarseness of voice

14. Edema

- a. Onset
- b. Progress
- c. Extent
- d. Any involvement of UL/Abdomen/Face/Sacral

- e. Diurnal variation
- f. Aggravated by/relieved by – Posture/activity/meals
- g. Painful/painless
- h. Any associated redness/discharge

15. Hematuria/oliguria/anuria/dysuria/recurrent UTI

16. H/O Rheumatic Fever

- a. Any joint pain/redness
- b. Subcutaneous nodules
- c. Involuntary movements

17. H/S/O Infective Endocarditis

- a. Joint pain/Petechiae/Purpurae/ecchymoses
- b. Painful nodules over finger tips/Rash
- c. Hges under nail beds/discoloration of digits
- d. Prolonged fever/Pain abdo/Visual disturbance
- e. Hematuria

18. Bowel disturbance

19. TIA/FND/Seizures

20. History s/o hpo/hyperthyroidism

a. Hypothyroidism

- i. Tiredness/weakness/dry skin
- ii. Cold intolerance/hair loss/memory loss
- iii. Hoarseness of voice/Constipation
- iv. Weight gain/Poor appetite

b. Hyperthyroidism

- i. Heat intolerance/palpitations/fatigue
- ii. Increased appetite/weight loss

iii. Tremor/restlessness/Hyperdefecation

iv. Loss of libido

21. CTD history

### **PAST HISTORY**

1. DM/TB/HTN/Hansens/CAD/BA
2. Similar illness in the past
3. RHD History
  - a. Joint pain/nodules/abnormal movt/rash
  - b. Recurrent sore throat/penicillin prophylaxis
  - c. Digoxin therapy
4. Blood transfusion/jaundice/Allergy
5. Childhood infections

### **PERSONAL HISTORY**

1. Veg/Non veg/Well water drinking/food habits
2. Smoking/Tobacco/Alcohol/Substance abuse
3. Marriage/Children
4. High Risk behavior

### **MENSTRUAL HISTORY**

1. Menarche/Cycles/Menopause
2. LMP/Post menopausal bleed
3. any surgery

### **FAMILY HISTORY**

1. H/O similar illness in the family



2. Socioeconomic status/Poverty/overcrowded place

## **TREATMENT HISTORY**

1. Penicillin prophylaxis/digoxin/diuretics
2. Surgery/intervention

## **SUMMARY** at the end of history.

1. D/D 1, 2, 3, 4.....

## **GENERAL EXAMINATION**

1. Conscious/oriented/cooperative/comfortably lying.....
2. Ht/Wt/BMI/Arm length/upper segment/lower segment/neck:ht ratio.
3. Pulse  
Rate/rhythm/volume/character/peripheral pulses/R-R & R-F  
Delay/pulse deficit/vessel wall/carotid bruit/shudder
4. BP  
mm Hg/Rt Arm supine/No significant postural fall  
Hills sign – UL and LL BP difference, Take all four limbs
5. RR – rate/rhythm/type
6. P/I/C/C/L/E
7. JVP – Height/waveform/prominent wave/H-J reflex
8. Peripheral signs of AR/IE/RF
9. Marfanoid features/WHR
10. Xanthoma/xanthelasma/Pseudoxanthoma elasticum/arcus senilis
11. Hypertelorism/low set ears/micrognathia/orange f.....
12. Telangiectasias/bronze discoloration/acanthoma nigricans
13. Features of hypo/hyper thyroidism
14. acromegaly/marfans features
15. Angioma/cutaneous angiomata/rash/petechiae/purpurae/ecchym.
16. Bed sores/genital ulcers





- 17. Peripheral stigmata of TB/HIV
- 18. Scars/sinuses/lupus pernio/erythema nodosum/lipemia retinalis
- 19. Spine – K/S/KS

## **SYSTEMIC EXAMINATION**

### **1. CVS**

- a. Inspection
  - i. Chest wall symmetry/deformity/Precordial bulge
  - ii. Apical Impulse – site/no. of spaces visible
  - iii. Pulsation in precordium/epigastric/suprasternal/supracostal
  - iv. Scars/sinus/dilated veins
- b. Palpation
  - i. Apical Impulse – site/no. of spaces visible/character
  - ii. Palpable sounds/thrill in apical area
  - iii. Palpable sounds/thrill in other areas
  - iv. Parasternal heave
  - v. Origin of epigastric pulsations (Ru.....)
- c. Auscultation
  - i. S1
  - ii. S2 – A2/P2/loudness/split
  - iii. S3/S4
  - iv. OS/Ejection click/tumor plop/valve click
  - v. Pericardial rub/knock
  - vi. Murmur (Described below...later)

### **2. RS**

- a. Chest wall symmetry
- b. Trachea/resp movts/
- c. Percussion
  - b. Air entry/Breath sounds/adventitious sounds/pleural rub

### **3. P/A**

- a. Distended/all quadrants moves equally with the respiration

- b. Soft/Non tender/organomegaly/free fluid/bowel sounds
- c. Hernial sites/peripheral signs of liver failure

#### 4. CNS

- a. HMF/CN/Motor/Sensorycerebellar
- b. EPS/ANS

### **Murmurs Description**

#### 1. Middiastolic Murmur

- a. Low pitched/Rumbling/MDM
- b. In Apex/with bell of stethoscope
- c. With pt in left lateral position
- d. Breath held in expiration
- e. Assoc. with OS and presystolic accentuation
- f. Duration of murmur
- g. A2-OS gap
- h. Increased by mild exercise (few rapid sit ups)

#### 2. PSM IN MR

- a. Grade 3/6
- b. PSM/Apex/diaphragm of stethoscope
- c. radiating to axilla
- d. Increased by hand grip
- e. reduced during strain phase of valsalva.

#### 3. Seagull Murmur

- a. In case of rupture of tendinae or primary involvement of posterior mitral leaflet, a murmur mistaken as AS murmur, radiating to base of heart.
- b. Has a musical quality.

#### 4. PSM in TR





- a. Left parasternal region
- b. Increased by leg raising
- c. well heard during inspiration
- d. Grade 3/6

### 5. AS Murmur

- a. Grade 3/6
- b. Rough, rasping
- c. ESM (MSM)
- d. with diaphragm of stethoscope
- e. In aortic area/with pt sitting up/leaning forward
- f. Breath held in expiration
- g. Radiating to carotids
- h. Peaking of murmur/duration of murmur
- j. Dynamic auscultation

### 6. Graham Steel Murmur

- a. PAH leading to PR and murmur thereof.
- b. High pitched
- c. EDM with decrescendo blowing murmur
- d. Along left sterna border
- e. Increases on inspiration
- f. Associated with loud P2

### 7. MVP Murmur

- a. High pitched/systolic murmur
- b. Crescendo-decrescendo murmur
- c. Heard best in apex
- d. Associated with mid or late non ejection click.
- e. Click and murmur occurs earlier and is louder with
  - i. Standing
  - ii. Strain phase of valsalva
  - iii. Any intervention that decreases LV volume
- f. Click and murmur is delayed and is decreased in intensity

- i. Squatting
- ii. Isometric exercise
- iii. Any intervention which increases LV volume

## 8. AR Murmur

- a. High pitched
- b. EDM with blowing and decrescendo character
- c. Best at 3<sup>rd</sup> Lt ICS along sterna border
- d. With diaphragm of stethoscope
- e. Pt sitting up and leaning forward
- f. Breath held in expiration
- g. Loudness of murmur/duration of murmur

## NOTE

- a. Right sternal border heave – aneurysmal dilatation of aortic  
r.....

**SUMMARY** At the end of examination

**DIAGNOSIS**