

Week #3 Post

Client Case #2: Anjali Patel: Cholecystitis and peptic ulcer disease

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: Acute cholecystitis is a common condition presenting with the inflammation of the gallbladder often due to obstruction of the cystic duct caused by cholelithiasis, or gallstones. Onset of symptoms is typically acute and includes nausea and vomiting, fever, severe or steady RUQ or epigastric pain that may radiate to the shoulders or upper back (Jones, et al., 2025). Pain may be precipitated by consuming certain dietary triggers. Associated demographics typically include overweight women over 40. Associated risk factors for cholecystitis include obesity, high-fat, low-fiber diet, sedentary lifestyle, positive family history and use of hormone replacement therapy or other medications (Jones, et al., 2025). Additionally, several comorbid conditions can increase the risk of developing acute cholecystitis.

PUD: Peptic ulcer disease (PUD) is a condition characterized by the presence of ulcers in the mucosal lining of the upper GI tract, commonly in the duodenum and stomach (Malik, et al., 2023). PUD is more common among men, may present in the early 30s, and is characterized by a gradual onset of symptoms. Common PUD symptoms include bloating, epigastric pain, nausea and vomiting, weight loss or gain, hematemesis and melena (Malik, et al., 2023). Pain may occur with eating or hours after meals, depending on the location of the ulcers. Risk factors include frequent NSAID use, H. pylori infection, first degree family history, and African American or Hispanic ethnicity (Malik, et al., 2023).

Anjali Patel: The patient presents with symptoms suggestive of cholecystitis including low grade fever, and mid-back pain. Symptoms that overlap diagnoses include nausea, vomiting, and pain that increases with eating. The acute onset of symptoms suggests cholecystitis, as the onset of PUD is gradual. Ms. Patel also fits the typical demographics for cholecystitis. The recent surgical history adds to the patient's complexity, as post-op complications and infection must be investigated and ruled out. Loss of appetite, diarrhea and decreased urine output also put the patient at risk for dehydration and electrolyte imbalances.

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.

For this case study, the leading differential is acute cholecystitis. When considering the HPI and exam findings several components support this clinical determination. These include mild fatigue, persistent epigastric pain, pain between the shoulder blades,