Differential Diagnosis Commands

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| Command Name | Results |
| Differential Acute Pericarditis | The differential diagnosis for acute pericarditis is extensive and includes the following:  1. Idiopathic  2. Infectious  a. Viral (coxsackie virus, echovirus, Epstein-Barr virus, influenza, human immunodeficiency virus, mumps virus)  b. Bacterial (staphylococcus, Haemophilus, pneumococcus, Salmonella, tuberculosis, meningococcus, syphilis)  c. Miscellaneous (histoplasmosis, blastomycosis, coccidioidomycosis, aspergillosis)  3. Rheumatologic (lupus, rheumatoid arthritis, sarcoidosis, dermatomyositis, scleroderma, polyarteritis nodosa, vasculitis, ankylosing spondylitis)  4. Neoplastic (breast, lung, lymphoma, melanoma, leukemia)  5. Primary (sarcomas and mesotheliomas)  6. Drugs (hydralazine, procainamide and others)  7. Immunologic (celiac sprue, inflammatory bowel disease, others)  8. Other causes (uremia, chest trauma, myxedema, aortic dissection, radiation therapy, myocardial infarction, post myocardial infarction syndrome) |
| Differential Atrial Fibrillation | The electrocardiographic differential diagnosis for atrial fibrillation includes premature atrial contractions, atrial flutter, multifocal atrial tachycardia, sinus tachycardia, sinus arrhythmia, atrial tachycardia, supraventricular tachycardia, and ventricular tachycardia.  There are many underlying conditions which may lead to atrial fibrillation, including: rheumatic heart disease, dilated cardiomyopathy, pulmonary disease, mitral stenosis, mitral regurgitation, mitral valve prolapse, coronary artery disease, atrial septal defect, atrial myxoma, hypertension, hypertrophic obstructive cardiomyopathy, thyrotoxicosis, pericarditis, chest trauma or chest surgery, medications (theophylline, beta agonists), alcohol withdrawal, and sepsis. |
| Differential Cardiomyopathy | The differential diagnosis of initially unexplained cardiomyopathy is extensive and includes: idiopathic, myocarditis, ischemic heart disease, infiltrative disease (iron exess, amyloidosis), peripartum cardiomyopathy, hypertension, HIV disease, connective tissue disease (lupus, sarcoid), substance abuse (alcohol, cocaine), prolonged tachycardia, trace element excess (cobalt, arsenic), trace element deficiency (selenium)medicines (anthracyclines), nutritional deficiencies (selenium, l-carnitine, thiamine), endocrine disorders (thyroid deficiency or excess), pheochromocytoma, Cushing's syndrome, growth hormone excess), inherited disorders and others. |
| Differential Chest Pain | The differential diagnosis for chest pain is extensive and includes the following:  1. High risk causes, including cardiac  -cardiac ischemia  -pericarditis  -aortic dissection  - pulmonary embolism  -tension pneumothorax  -esophageal rupture  2. Cardiovascular causes, including myocardial ischemia (angina, MI), pericarditis, aortic stenosis, aortic dissection, pulmonary embolism, cardiomyopathy, myocarditis, mitral valve prolapse, pulmonary hypertension, hypertrophic cardiomyopathy  3. Pulmonary: pneumonia, pleuritis, bronchitis, pneumothorax, tumor  4. Gastrointestinal: esophageal rupture, GERD, esophageal spasm, Mallory-Weiss syndrome, peptic ulcer diesase, biliary disease, pancreatitis, functional GI pain  5. Musculoskeletal: cervical or thoracic disk disease, shoulder arthritis, costochondritis (anterior chest wall syndrome or Tietze's syndrome), subachromial bursitis  6. Anxiety  7. Otheres: Herpes Zoster, breast disorders, chest wall tumors, thoracic outlet syndrome, mediastinitis |
| Differential Constrictive Pericarditis | The differential diagnosis for constrictive pericarditis includes the following:  1. Idiopathic  2. Postacute pericarditis of any cause  3. Postcardiac surgery  4. Uremia  5. Connective tissue disease (lupus, scleroderma, and rheumatoid arthritis)  6. Post-traumatic  7. Drugs (procainamide, hydralazine, methysergide)  8. Radiation-induced  9. Neoplastic pericardial disease (melanoma, mesothelioma)  10. Infectious: tuberculosis, fungal infections, and parasitic infections  11. Post-myocardial infarction  12. Post-Dressler syndrome  13. Post-purulent pericarditis  14. Pulmonary asbestosis |
| Differential Dyspnea | The differential diagnosis for dyspnea is extensive and includes:  1. Pulmonary: airflow obstruction (asthma, COPD, upper airway obstruction), restrictive lung disease, pneumonia, pneumothroax, pulmonary embolism, aspiration, ARDS  2. Cardiac: myocardial ischemia, heart failure, valvular disease, arrhythmia, pericardial effusion with tamponade  3. Metabolic: acidosis, hypercapnea, sepsis  4. Psychiatric: anxiety |
| Differential Edema | The differential diagnosis for edema is extensive and includes the following:  1. Increased capillary hydraulic pressure - potentially caused by increased plasma volume and sodium retention (heart failure, renal sodium retention, pregnancy and premenstral edema, idiopathic edema), venous obstruction (cirrhosis or hepatic venous obstruction, acute pulmonary edema, local venous obstruction) and decreased arteriolar resistance (calcium channel blockers; idiopathic)  2. Hypoalbuminemia - including that caused by protein loss (nephrotic syndrome and protein losing enteropathy) and reduced albumin synthesis (liver disease and malnutrition)  3. Increased capillary permeability - caused by burns, trauma, sepsis, inflammation, allergic reactions, ARDS, diabetes mellitus, interleukin-2 therapy, and malignant ascites.  4. Lymphatic obstruction (post-mastectomy, nodal enlargement due to malignancy, hypothyroidism, malignant ascites) |
| Differential Hearing Loss | The differenital diagnosis of hearing loss is extenisve and includees the following general categories:  Trauma Causes   * Ear drum rupture/tear/laceration, acute * Temporal bone fracture * Ear trauma * Labyrinthine concussion   Electromagnetic, Physics, trauma, Radiation Causes   * Blast injury * Sound, high intensity/noise * Barotitis * Deafness, acoustic trauma, chronic   Infectious Disorders (Specific Agent)   * Newborn TORCH syndrome * Kawasaki disease * Toxoplasmosis   Infected organ, Abscesses   * Otitis media, chronic * Otitis media/malignant type * Otitis media, acute * Acoustic neuritis/neuronitis * Otitis media, chronic suppurative   Neoplastic Disorders   * Acoustic neuroma * Carcinoma, nasopharynx   Allergic, Collagen, Auto-Immune Disorders   * Otitis media, serous * Vasculitis * Cogan's disease/keratitis/acoustic autoimmune   Metabolic, Storage Disorders   * Combined carboxylase/Biotinidase deficiency   Deficiency Disorders   * Goiter, iodine deficiency   Congenital, Developmental Disorders   * Deafness, congenital * Pendred syndrome     Hereditary, Familial, Genetic Disorders   * Otosclerosis * Bilateral Acoustic Neurofibromatosis (NF2)   Anatomic, Foreign Body, Structural Disorders   * Perforated drum/tympanic membrane * Eustachian tube blockage/obstruction * Impacted cerumen * Cochlear/perilymph fistula * Labyrinth fistula * Labyrinth hemorrhage   Arteriosclerotic, Vascular, Venous Disorders: Internal auditory artery occlusion  Vegetative, Autonomic, Endocrine Disorders   * Hypothyroidism (myxedema) * Menieres disease   Reference to Organ System   * Deafness, sensorineural * Deafness * Deafness, conduction * Cholesteatoma, middle ear   Eponymic, Esoteric Disorders   * Deafness, Mondini * Usher's syndrome   Heirarchical Major Groups: Cochlear disorders  Drugs   * Medication/drugs * Salicylate intoxication/overdose * Neomycin (Mycitracin) Administration/Toxicity * Streptomycin Administration/Toxicity   Poisoning (Specific Agent)   * Mercury/organic/methyl (Minamata) pois.   Mercury chronic toxicity/poisoning |
| Differential Heart Failure | The differential diagnosis for heart failure is extensive and includes the following:  1. LV Failure:  Ischemic cardiomyopathy  Hypertension  Other cardiomyopathy (idiopathic, alchohol induced)  Valvular disease  Volume overload  Arrhythmia  High output states  Chaga's disease  2. Right ventricular failure  Secondary to LV failure  Cor pulmonale  Chronic PE  Right sided valve disease  3. Diastolic dysfunction  Left ventricular hypertrophy  Hypertension  Hypertrophic cardiomyopathy  Restrictive cardiomyopathy  Diabetes  4. High output heart failure  Hyperthyroidism  Severe anemia  Persistant tachycardia  AV shunting  Paget's disease  Beriberi  Hepatic hemangiomas  Sepsis  Carcinoid |
| Differential Hypertension | The differential diagnosis of hypertension includes the following identifiable causes:  Chronic kidney disease  Coarctation of the aorta  Cushing’s syndrome and other glucocorticoid excess states  including chronic steroid therapy  Drug induced or drug related (see table 18)  Obstructive uropathy  Pheochromocytoma  Primary aldosteronism and other mineralocorticoid excess states  Renovascular hypertension  Sleep apnea  Thyroid or parathyroid disease  The following are tests commonly used or recommended for the identification of these identifiable causes:  Chronic kidney disease: Estimated GFR  Coarctation of the aorta: CT angiography  Cushing’s syndrome and other glucocorticoid History; dexamethasone suppression test; excess states including chronic steroid therapy  Drug induced/related: History; drug screening  Pheochromocytoma: 24-hour urinary metanephrine and normetanephrine  Primary aldosteronism and other mineralocorticoid 24-hour urinary aldosterone level orexcess states specific measurements of other mineralocorticoids  Renovascular hypertension: Doppler flow study; magnetic resonance angiography  Sleep apnea: Sleep study with O2 saturation  Thyroid/parathyroid disease: TSH; serum PTH |
| Differential JVD | The differential diagnosis for elevated jugular venious pressures on examination includes the following:  A. Extrathoracic causes  -Local venous obstruction of any cause (e.g. cervical goiter)  -circulatory overload of noncardiac etiology  B. Intrathoracic causes  -Valsalva maneuver  -Retrosternal goiter  -Superior vena cava syndrome (benign or malignant)  -Pericardial tamponade  -Contrictive pericarditis  -Cardiac disease  Right heart failure of any etiology  Restrictive cardiomyopathy  Right atrial myxoma  -Pleuropulmonary disease  Pulmonary hypertension  Bronchial asthma  COPD  Tension pneumothorax |
| Differential Narrow QRS Tachycardia | The differential diagnosis for a regular narrow QRS complex tachycardia includes the following:  1. Short RP (RP<PR)  AV nodal reentrant tachycardia  AV reentrant tachycardia  Nonparoxysmal junctional tachycardia  2. Long RP (RP>PR)  Sinus tachycardia  Sinus nodal re-entrance tachycardia  Atrial tachycardia  Permanent junctional reciprocating tachycardia  Nonparoxysmal junctional tachycardia  Unusual type of AV nodal reentry  Atypical AV reentrant tachycardia |
| Differential Palpitations | The differential diagnosis of palpitations includes:  A. Palpitations without arrhythmia:  Non-Cardiac Disorders:  Anxiety  Exercise  Anemia  Fever  Volume depletion  Thyrotoxicosis  Menopausal syndrome  Hypoglycemia  Pheochromocytoma  Aortic aneurism  Migraine syndrome  Arteriovenous fistula  Diaphragmatic flutter  Drugs  -sympathomemetic agents  -ganglionic blockers  -digitalis  -nitrates  -aminophylline  -atropine  -caffeine (coffee, tea)  -tobacco  -Alcohol  -thyroid extract  Cardiac Disorders  Aortic regurgitation  Aortic stenosis  PDA  VSD  ASD  Marked cardiomegaly  Acute LV failure  Pericarditis  Pacemaker syndrome  B. Palpitations with Arrhythmia (Extrasystoles; bradyarrhythmia; tachyarrhythmia) |
| Differential Pericardial Effusion | The differential diagnosis of pericardial effusion is fairly broad and includes the following: pericarditis of any cause, congestive heart failure, hypoalbuminemia ,cirrhosis , nephrotic syndrome , malnutrition , chronic disease, acute pancreatitis , chylopericardium , congenital, idiopathic, neoplasm (e.g., lymphoma, breast carcinoma), post cardiothoracic surgery, benign obstruction of thoracic duct, hemopericardium, blunt and/or penetrating trauma, iatrogenic, anticoagulants, chemotherapeutic agents, myocardial infarction, cardiac rupture, aortic or pulmonary artery rupture, coagulopathy, uremia, myxedema. |
| Differential Pericarditis | The differential diagnosis of acute pericarditis in extensive and includes:  Infectious  Viral  Coxsackievirus\*  Echovirus  Epstein-Barr virus  Influenza virus  Human immunodeficiency virus  Mumps virus  Bacterial  Staphylococcus  Hemophilus  Pneumococcus  Salmonella  Tuberculosis  Meningococcus  Syphilis  Miscellaneous  Histoplasmosis  Blastomycosis  Coccidioidomycosis  Aspergillosis  Echinococcosis  Amebiasis  Rickettsia  Rheumatologic  Sarcoidosis  Lupus\*  Rheumatoid arthritis  Dermatomyositis  Scleroderma  Polyarteritis nodosa  Vasculitis  Ankylosing spondylitis  Neoplastic  Metastatic  Breast  Lung  Lymphoma  Melanoma  Leukemia  Primary  Sarcomas  Mesothelioma  Drugs  Hydralazine\* (Apresoline)  Procainamide\* (Pronestyl)  Others  Immunologic  Celiac sprue  Inflammatory bowel disease  Other  Chest trauma  Uremia\*  Myxedema  Aortic dissection  Radiation therapy  Myocardial infarction\*  Postmyocardial infarction syndrome (i.e., Dressler's syndrome, postpericardiotomy\*) |
| Differential Pleural Effusion | The differential diagosis of pleural effusion is extensive and includes the following:  Transudates:  Congestive heart failure  Chirrosis with ascites  Nephrotic syndrome  Peritoneal dialysis  Myxedema  Acute atelectasis  Constrictive pericarditis  Superior vena cava obstruction  Pulmonary embolism  Urinothorax (due to obstructive uropathy)  Exudates:  Pneumonia  Cancer  Pulmonary embolism  Empyema  Tuberculosis  Connective tissue disease (eg Rheumatoid arthritis)  Viral infection  Fungal infection  Rickettsial infection  Parasitic infection  Asbestos  Meigs' disease  Pancreatic disease  Uremia  Chronic atelectasis  Trapped lung  Chylothorax  Sarcoidosis  Drug reaction  Post-myocardial infarction syndrome  Esophageal rupture |
| Differential Post Op Fever | The differential diagnosis of postoperative fever includes the following:  Wind (pneumonia, atelectasis)  Water (urinary tract infection)  Wound (wound infection)  Walking (deep vein thrombosis)  Wondrous drugs (drug fever) |
| Differential Post Op Hypotension | The differential diagnosis of postoperative hypotension includes hypovolemia, anesthetic agents and medications, pain, sepsis, cardiac dysfunction (e.g., arrhythmias, infarction, failure), pulmonary problems (e.g., inadequate ventilation, emboli, pneumothorax), and electrolyte abnormalities. |
| Differential Pulmonary Hypertension | The differential diagnosis for pulmonary hypertension includes:  1. Hypoxic vasoconstriction: including that caused by COPD, hypoventilatory disorders (sleep apnea, chest wall deformities, living at high altitude)  2. Obliteration of pulmonary vasculature: including pulmonary embolism, collagen vasculature diseases (scleroderma, CREST Syndrome, SLE, and rheumatoid arthritis), vasculitis (Wegner's granulomatosis, polyarteritis nodosa) and miscellaneous disorders (sarcoidosis, lymphangetic spread of carcinoma, pulmonary resection, parasitic or HIV infection, fibrotic reactions [Hamman-Rich syndrome, IV drug abuse, hemaglobinopathies])  3. Volume overload: including shunts (ASD or VSD)  4. Pressure overload: due to atrial hypertension (mitral stenosis or regurgitation; LV systolic or diastolic dysfunction; constrictive pericarditis) or pulmonary venous obstruction (pulmonary venoocclusive disease) |
| Differential Sinus Tachycardia | The differential diagnosis for sinus tachycardia is fairly extensive and includes fever, volume depletion, hyperthyroidism, anxiety, anemia, pheochromocytoma, sepsis, hypotension and shock, pulmonary embolism, hypoxia, chronic pulmonary disease, heart failure, acute coronary ischemia and infarction, and exposure to stimulants. |
| Differential ST Depression | The differential diagnosis for ST depression on the EKG includes the following:  Non-specific  Digitalis effect  Other drugs (tricyclic antidepressants)  Bundle branch block  Left or right ventricular strain  Electrolyte abnormalities  Subendocardial ischemia  Myocarditis  Reciprocal changes in acute MI  Cerebral or subarachnoid injury  Pancreatitis  Pulmonary embolism |
| Differential ST Elevation | The differential diagnosis for ST elevation on the EKG includes acute myocardial infarction (injury), vasospasm (Prinzmetal angina), pericarditis, left bundle branch block, left ventricular hypertrophy with repolarization abnormality, early repolarization (normal variant), ventricular pacing, cocaine, myocarditis, and hyperkalemia. |
| Differential Syncope | The differential diagnosis for syncope is broad and includes  1. Cardiac causes: arrhythmias (tachy or bradyarrhythmia), valvular disease (aortic or mitral stenosis) , hypertrophic cardiomyopathy, acute myocardial infarction, pulmonary hypertension, pulmonary embolism, atrial myxoma  2. Non-cardiac:  -orthostatic or postural hypotension  -situational (micturition, defication, cough, swallow)  -carotid sinus sensitivity  -seizure  -TIA  -hypoglycemia  -narcolepsy  vertigo |
| Differential Troponin Elevation | The differential diagnosis for an elevated cardiac troponin level include the following:  1. Cardiac ischemia and infarction  2. Heart failure  3. Myocarditis/pericarditis  4. Pulmonary embolism  5. Renal insufficiency  6. False positive |
| Differential T-wave Inversion | The differential diagnosis for inverted t-waves on the ECG includes:  Normal  Juvenile T-wave pattern  Nonspecific abnormality  Myocardial ischemia or infarction  Myocarditis  Pericarditis  Ventricular strain  Acute or chronic cor pulmonale  Cerebral or subarachnoid injury  Drugs  Electrolyte abnormalities (hypokalemia, hypocalcemia)  Vagotomy |
| Differential Wide QRS Tachycardia | The differential diagnosis of a wide-complex tachycardia includes the following:  1. Ventricular tachycardia  2. Antidromic reciprocating tachycardia  3. Mahaim fibed tachycardia  4. Pacemaker mediated tachycardia  5. Any supraventricular tachycardia with aberrant conduction  6. Any supraventricular tachycardia with bystander accessory pathway activation (except junctional tachycardia)\*  \*Including atrial fibrillation, atrial flutter, atrial tachycardia, sinus tachycardia, sinus node reentry tachycardia, typical atrioventricular nodal reentry tachycardia, atypical atrioventricular nodal reentry tachycardia, junctional tachycardia, orthodromic reciprocating tachycardia  The diagnosis of ventricular tachycardia is supported by the following features:  1. Evidence of A-V dissociation, fusion beats or capture beats  2. Triphasic configuration (Rsr'or Rr') QRS complex in V1 in the presence of a RBBB morphology  3. QS, QR, or R QRS pattern in V6 in the presence of a RBBB  4. Any Q in V6 in the presence of LBBB  5. A concordant pattern in all precordial leads  6. Brugada Criteria supporting ventricular tachycardia:  -Absence of RS complex in all leads V1-V6  -Interval from beginning of R wave to nadir of S wave >0.1s in any RS lead  -AV dissociation, fusions, or captures seen  -Morphology criteria for VT present both in leads V1 and V6  Monophasic R-wave V1 with notching or slurring in downslope (90%VT) or in upstroke (50:50)  QRS predominantly negative in V6 |
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**Notes:**

1. These commands were created for the personal use of the author and are shared on a “use at your risk” basis. You are advised to use these commands only when they accurately reflect your own findings, management strategies, counseling documentation, etc. You should look over these commands before using to be sure you agree with the factual correctness of each differential.
2. The actual Dragon commands corresponding with this documentation are found in separate .dat and XML files which can be downloaded and imported into your version of Dragon
3. You are free to share these commands, including the download files, but may not publish or sell them without the express permission of Speech Recognition Solutions, LLC or Jon Wahrenberger, MD.