

تجميعة لكل الاعراض
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cvs examination

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1. Infective Endocarditis (IE)

- Hands:

Splinter hemorrhages

Janeway lesions (painless macules on palms/soles)

Osler's nodes (painful nodules on fingertips)

Clubbing

- Skin: Petechial rash (may mimic meningococcal rash)
- Eyes: Roth's spots (retinal hemorrhage with pale center)
- Systemic: Fever, hematuria, proteinuria (urinalysis)

2. Familial Hypercholesterolemia

- Hands: Tendon xanthomata (yellow nodules over extensor tendons)
- Face/Eyes: Xanthelasma (eyelids), corneal arcs
- Risk: Premature CAD, MI

3. Congenital Heart Disease

- Signs: Clubbing, cyanosis (esp. central cyanosis: lips, tongue)
- Associated syndromes: Marfan's (aortic dissection risk), Down's, Turner's
- Murmurs: Depending on defect (e.g., ASD → fixed splitting of S2, VSD → pansystolic murmur, PDA → continuous machinery murmur)

4. Aortic Stenosis (AS)

- Pulse: Slow-rising (anacrotic pulse)
- Thrill: Palpable at right upper sternal border
- Apex beat: Forceful, sustained (LV hypertrophy)
- Murmur: Harsh ejection systolic, radiates to carotids, ejection click
- S2: Loud or soft depending on severity
- Symptoms: Syncope, angina, dyspnea (classic triad)

5. Aortic Regurgitation (AR)

- Pulse: Collapsing (water hammer), wide pulse pressure
- Apex beat: Displaced, diffuse, hyperdynamic
- Murmur: Early diastolic, best at Erb's area, at end-expiration
- Extra: Austin Flint murmur (mid-diastolic rumble at apex due to regurgitant jet)

6. Mitral Stenosis (MS)

- ♦ Apex beat: Tapping character (palpable S1)
- ♦ Murmur: Mid-diastolic, rumbling, loud S1 + opening snap
- ♦ Position: Best heard in left lateral decubitus
- ♦ Complication: Pulmonary hypertension, atrial fibrillation

7. Mitral Regurgitation (MR)

- ♦ Murmur: Pansystolic, blowing, radiates to axilla
- ♦ Extra sound: S3 due to volume overload
- ♦ Pulse: May be normal, often irregular if AF present
- ♦ Thrill: May be palpable at apex

8. Hypertension (HTN)

- ♦ BP: $\geq 140/90$ mmHg on ≥ 2 occasions
- ♦ Eye: Hypertensive retinopathy (fundoscopy)
- ♦ Urine: Proteinuria
- ♦ Complications: LV hypertrophy, stroke, CKD
- ♦ Types:

Primary (95%) → idiopathic

Secondary (5%) → renal, endocrine, vascular causes

9. Heart Failure (HF)

- ♦ Hands/skin: Cold extremities, prolonged capillary refill
- ♦ JVP: Elevated
- ♦ Pulse: Pulsus alternans (alternating strong/weak beats)
- ♦ Heart sounds: S3 gallop rhythm (LV failure)
- ♦ Murmurs: Secondary due to valve regurgitation (MR, TR)

10. Cardiac Tamponade

- ♦ Pulse: Pulsus paradoxus (>10 mmHg fall in systolic BP with inspiration)
- ♦ JVP: Elevated, non-collapsing
- ♦ Heart sounds: Muffled
- ♦ Symptoms: Beck's triad (low BP, muffled HS, raised JVP)

11. Constrictive Pericarditis

- ♦ JVP: Elevated, with Kussmaul's sign (paradoxical rise with inspiration)
- ♦ Pulses: May show pulsus paradoxus
- ♦ Heart sounds: Pericardial knock possible

12. Atrial Fibrillation (AF)

- ♦ Pulse: Irregularly irregular
- ♦ Pulse deficit: Apical $>$ radial pulse
- ♦ Complications: Stroke, heart failure, palpitations
- ♦ Cause of murmur: Can be secondary to mitral valve disease

13. Hypertrophic Cardiomyopathy (HOCM)

- ♦ Apex beat: Double impulse
- ♦ Murmur: Harsh systolic, increases with Valsalva, decreases with squatting (opposite to AS)
- ♦ Symptoms: Syncope, sudden death (esp. in athletes)

14. Postural Hypotension

- ♦ Definition: Drop in systolic BP >20 mmHg on standing
- ♦ Pulse: Reflex tachycardia
- ♦ Symptoms: Dizziness, syncope

15. Pulmonary Hypertension

- ♦ JVP: Elevated
- ♦ Heave: RV heave (palpable parasternal lift)
- ♦ Murmur: Loud P2, possible TR murmur

16. Patent Ductus Arteriosus (PDA)

- ♦ Murmur: Continuous "machinery" murmur, best at left upper sternal border, radiates to back/scapula
- ♦ Pulse: Collapsing, wide pulse pressure
- ♦ Complication: Eisenmenger's if untreated

17. Ventricular Septal Defect (VSD)

- ♦ Murmur: Harsh pansystolic murmur, best at lower left sternal edge
- ♦ Thrill: Often palpable
- ♦ Complication: Eisenmenger's (if large, long-standing)

18. Atrial Septal Defect (ASD)

- ♦ Heart sound: Fixed splitting of S2
- ♦ Murmur: Ejection systolic at pulmonary area (1 flow)
- ♦ JVP: May be elevated if RV failure develops

19. Hyperthyroidism (as CVS cause)

- ♦ Pulse: Collapsing pulse (high-output state)
- ♦ Heart sounds: May cause tachyarrhythmias (AF common)
- ♦ Signs: Sweaty hands, tremor

20. Pericarditis

- ♦ Heart sound: Pericardial friction rub (scratching, triphasic)
- ♦ Symptoms: Chest pain, relieved by sitting forward
- ♦ Complication: Constrictive pericarditis, tamponade