

CASO 4

Identificação: E.G, 77 anos, Sexo masculino, branca.

Resumo clínico: Paciente há 03 dias vinha sonolento, pouco responsivo, inapetente com dificuldade para urinar. Parou de deambular há uma semana devido a piora da dor em membros inferiores e região pélvida. Recebendo tratamento para broncopneumonia. Trazido a emergência com presença de globo vesical e hematúria macroscópica. Antecedente de orquiectomia bilateral há 10 anos.

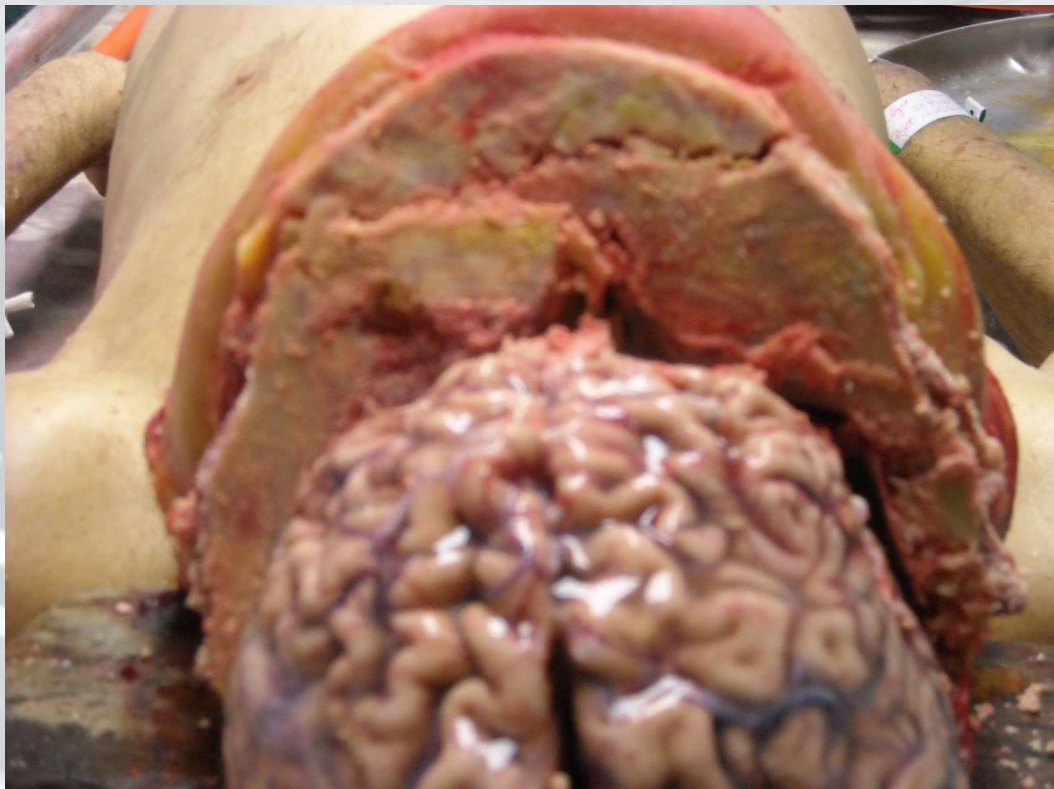
Exame clínico: Paciente responsivo, acianótico, eupneico, afebril, desidratado +/4+, corado.

- BRNF 2 tempos sem sopros
- M.V, presente bilateralmente sem R.A
- Abdome globoso, flácido, RHA presentes
- Escara em região sacral
- FC = 88 bpm
- FR = 16 mpm
- PA = 130x90 mmHg

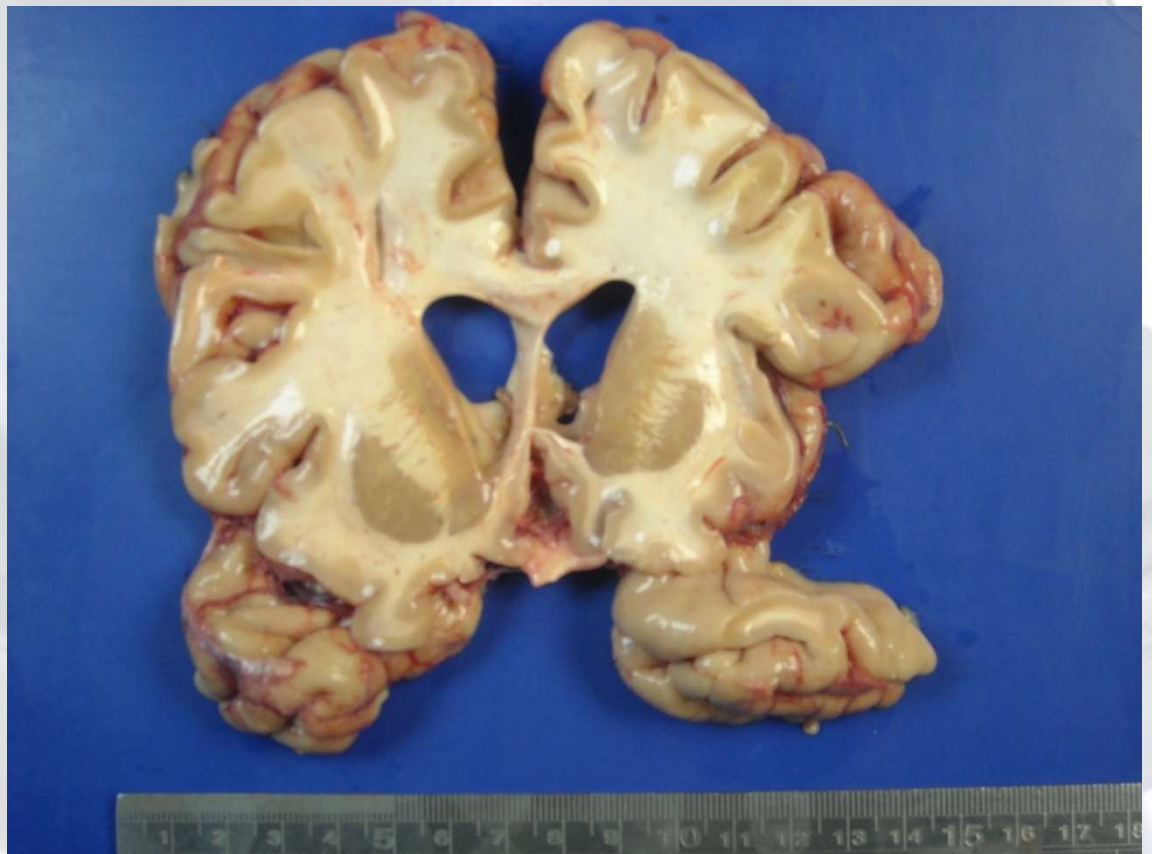
Exames Laboratoriais:

- Uréia: 248 (13-43 mg/ dL.)
- Creatinina: 4,1 (< 1,5 mg/dL)
- Dx = 106/126/118/87 mg/dL
- VHS 55 (0-8)
- K : 4,9 (3,5-5 mEq/L)
- Mg : 3,0 (1,8-3 mg/dL)
- Na: 165 (136-145 mEq/L)
- Ca :5,0 (9-10,5 mg/dL)
- Hemograma
 - Hb:14,2
 - Ht:42,5
 - Leuco:11.900
 - Neutrof:88,8
 - Bastões: 0
 - Plaquetas:147000
- Exame de urina:
 - Cor: marrom
 - Densidade: 1018
 - Glicose: -
 - Proteína: -

- Nitrito: -
- Hemácias: presentes
- Leucocitos: 25
- Corpos cetônicos: -
- Bilirubina: 1
- Urobilinogênio: 4
- Exame macroscópico: Generalidades
 - 1,70 m
 - Palidez cutâneo mucosa
 - Escaras sacral
 - Orquiectomia prévia bilateral
 - Hiperostose frontal que mede 2-6 cm de espessura e se estende ao osso temporal bilateralmente.

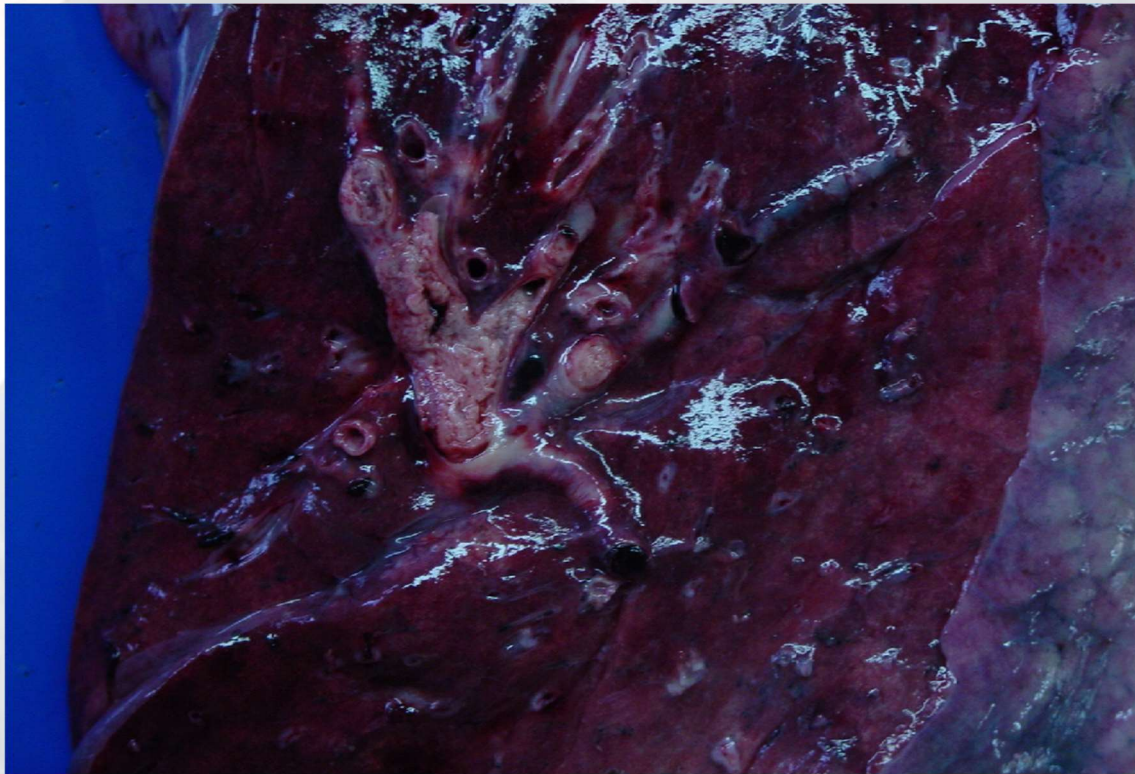


Encéfalo: 1100 g
Atrofia dos giros
Alargamento dos sulcos
Congestão pial

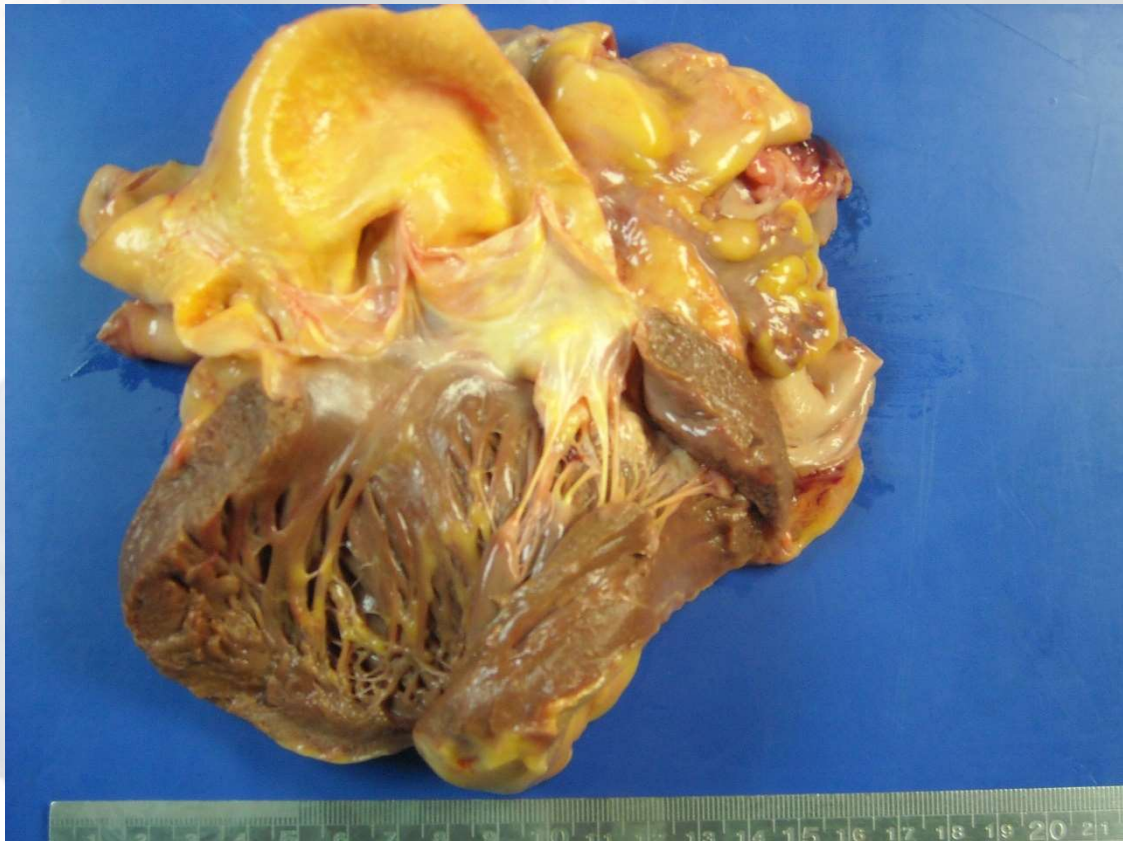


- Cavidade torácica: Aderência pleural bilateral
- Pulmões
 - 450 g D / 400 g E
 - Superfície lisa rósea com antracose
 - Enfisema pulmonar
 - Bases com aspecto hemorrágico
 - Presença de trombo-embolismo pulmonar bilateral
 - Aos cortes há saída de secreção de aspecto hemorrágico

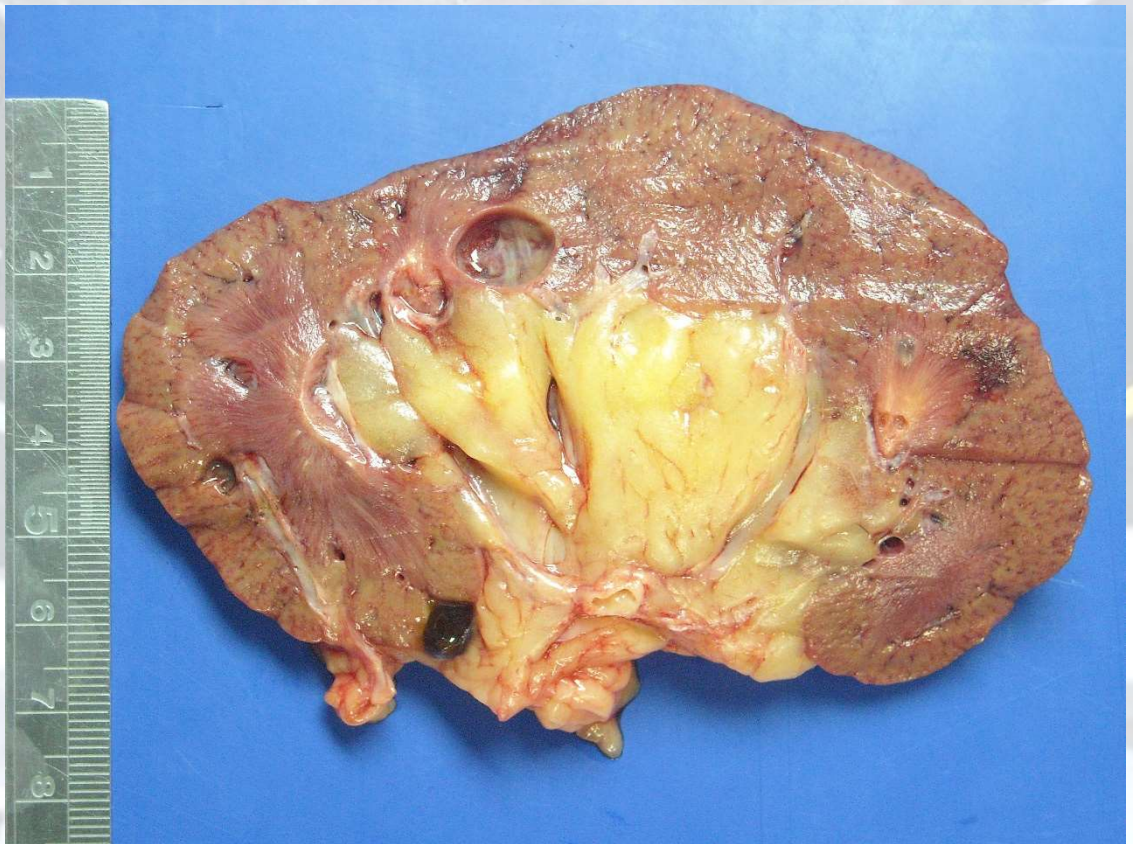
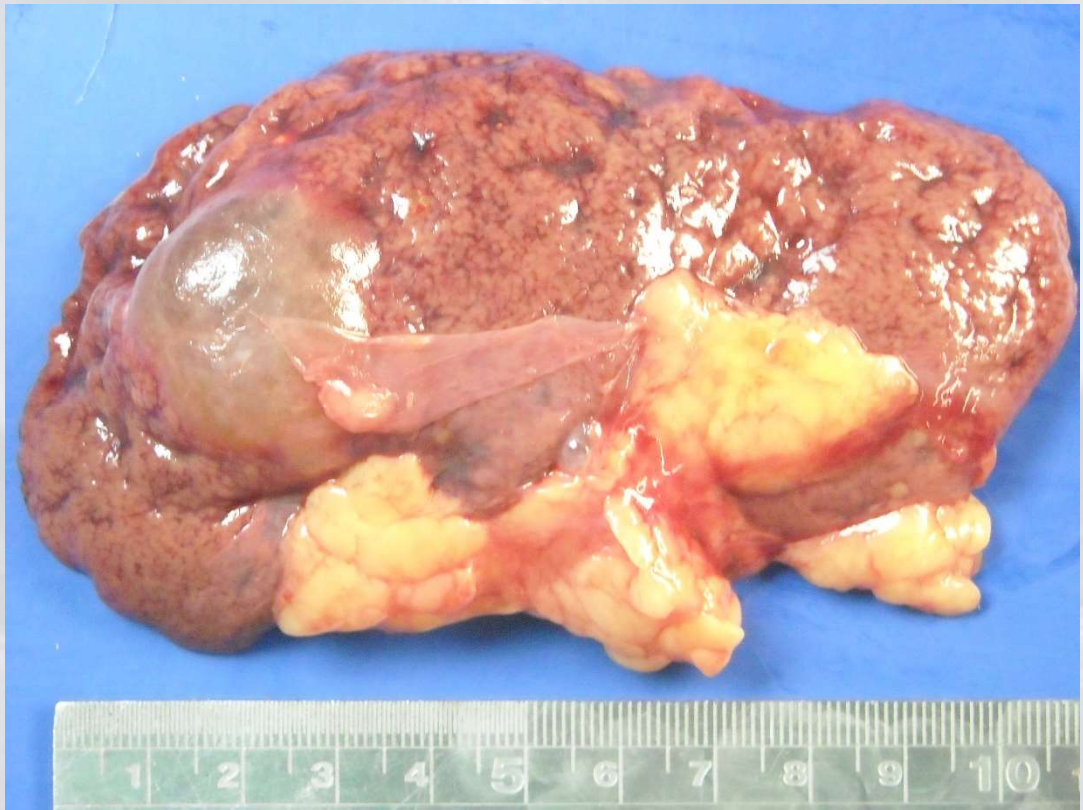




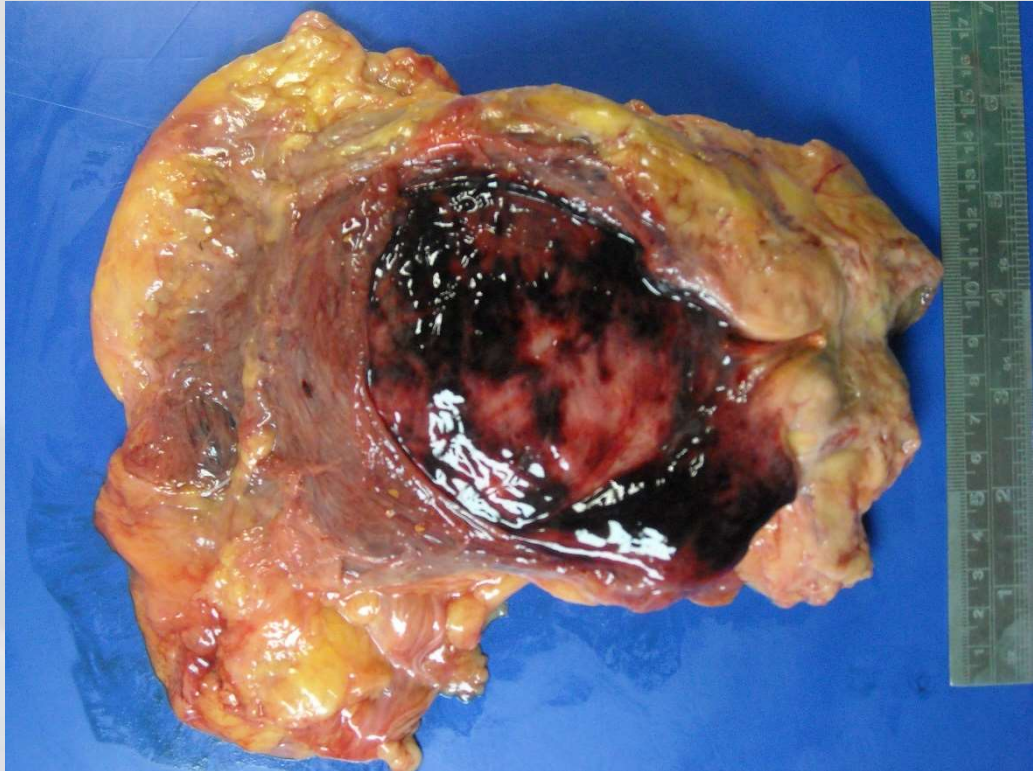
Coração: 400 g
VD 0,5cm
VE 2,0cm
VT 11,0cm
VP 7,0cm
VM 9,0cm
VA 7,0cm



- Trato Gastrointestinal
 - Sem particularidades.
- Fígado: 1400 g, firme e castanho.
- Baço: 100 g, aos cortes amolecido com aspecto de “geléia de morango”.
- Rins: direito: 80 g e esquerdo 110 g
- Esquerdo: superfície finamente granulosa
- Cisto parenquimatoso
- Direito: aspecto cístico, com acentuada atrofia parenquimatosa .Dilatação pielo-calicial.
- Bexiga: parede adelgada com mucosa difusamente hemorrágica







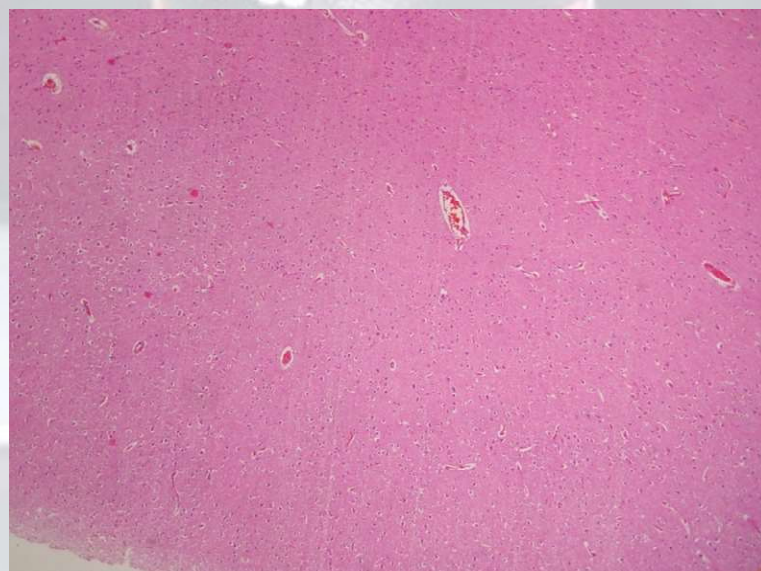
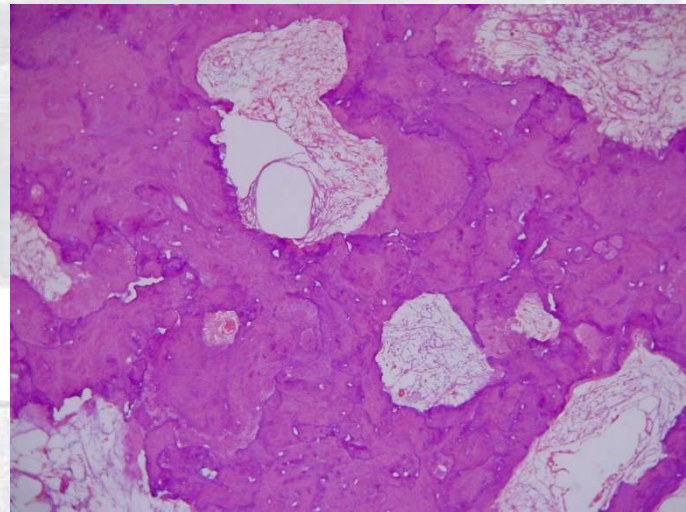
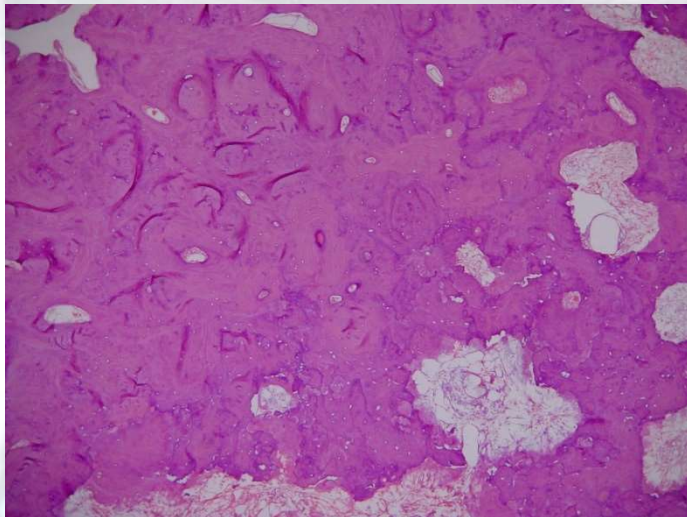
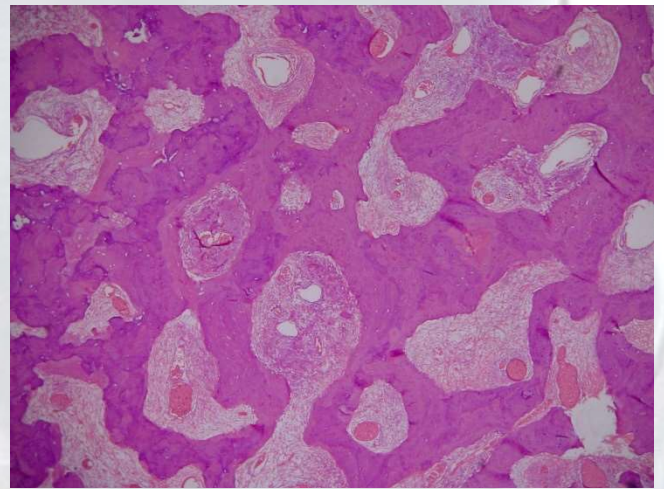
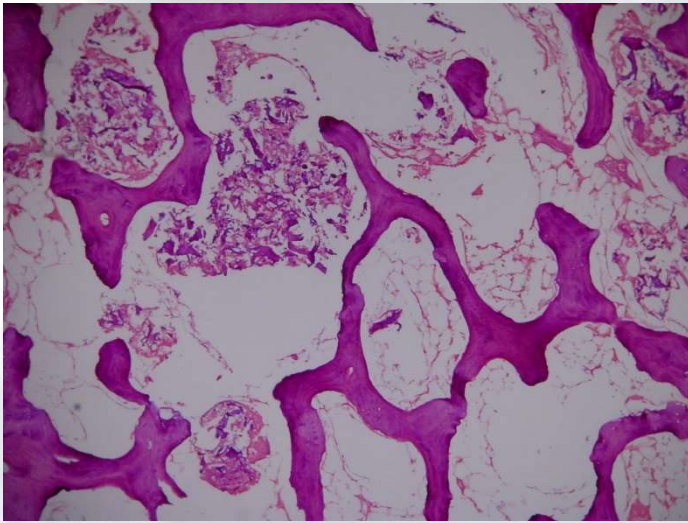
Membros inferiores: Trombose de veias profundas em membros inferiores.

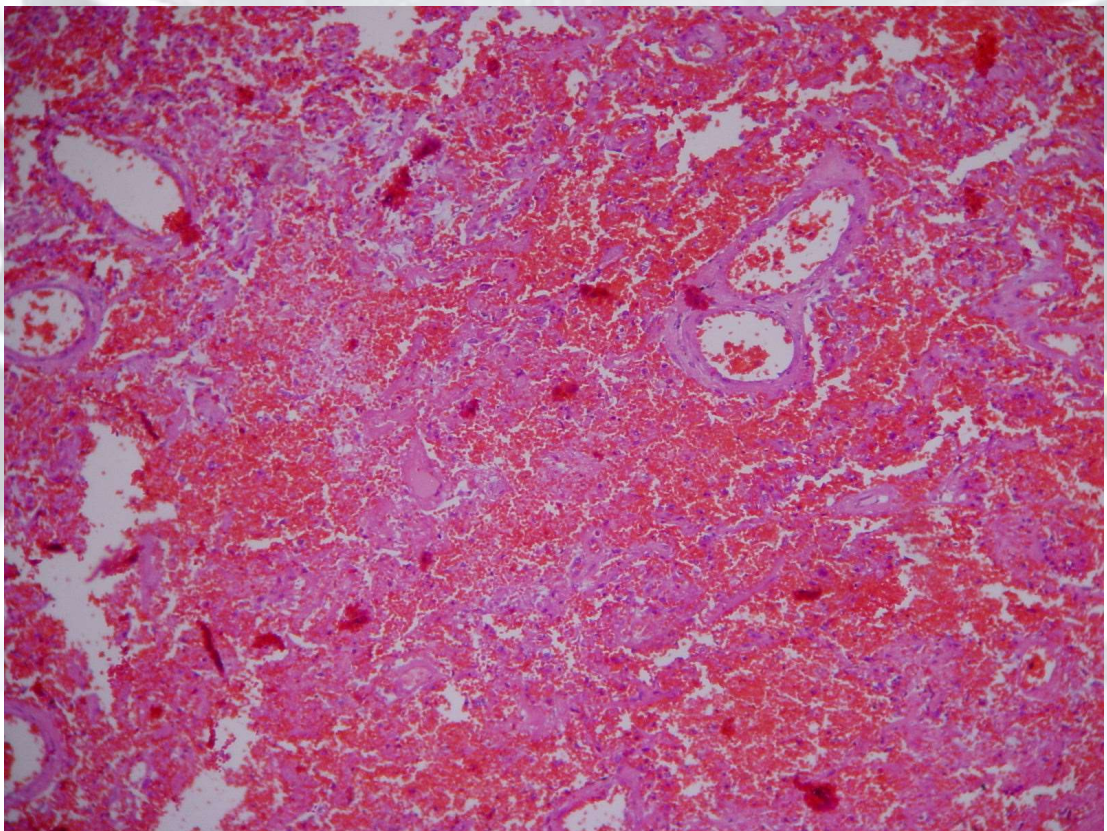
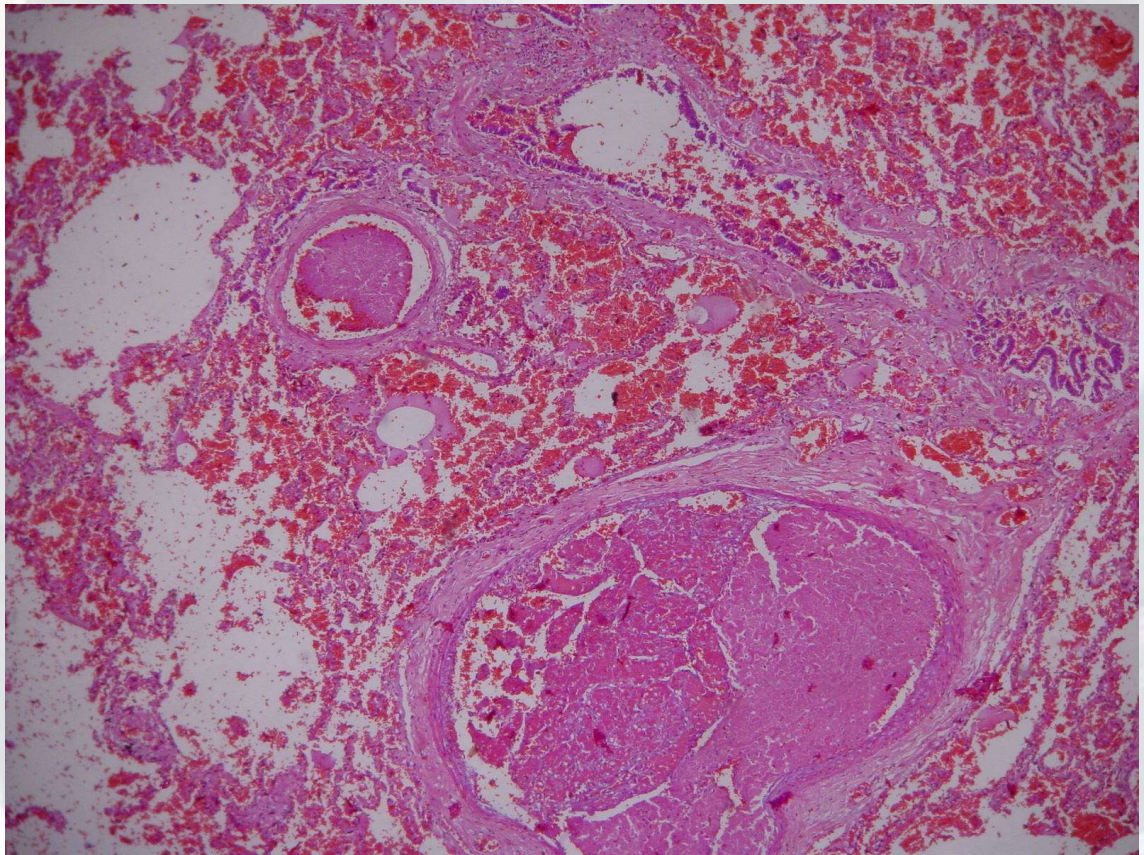


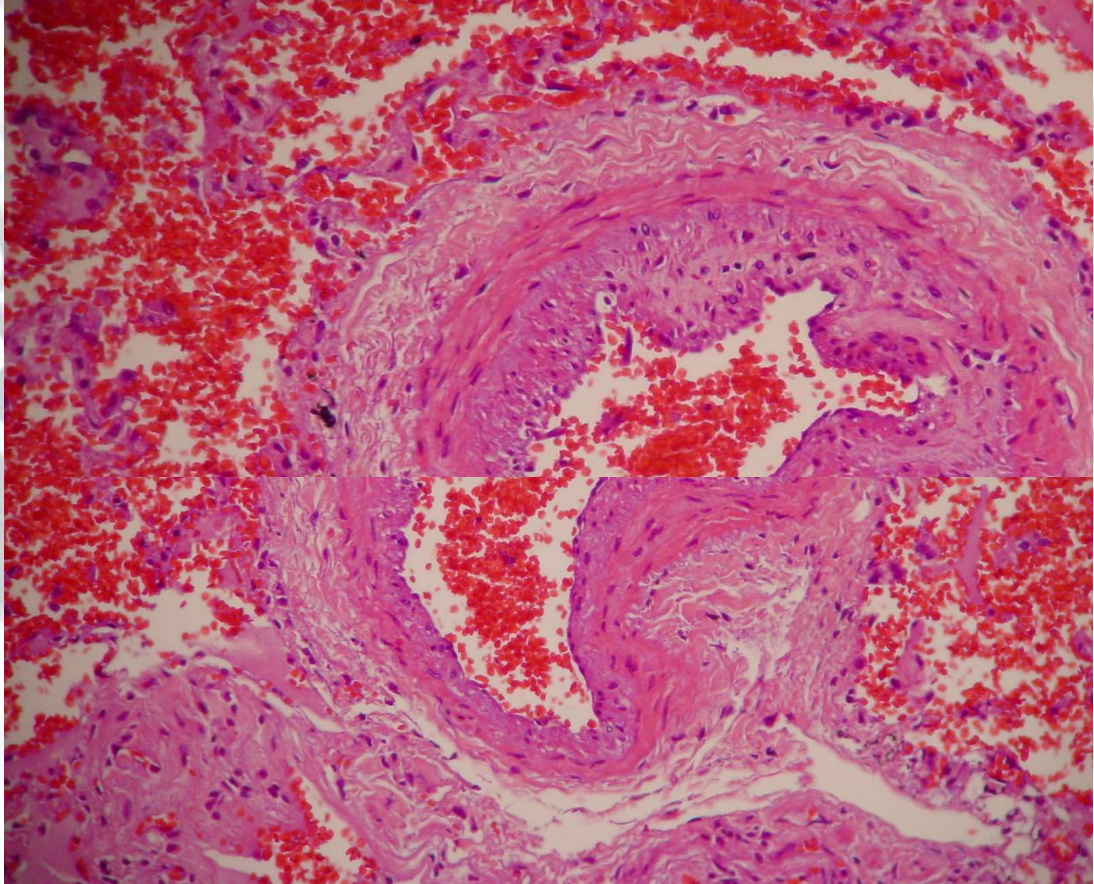
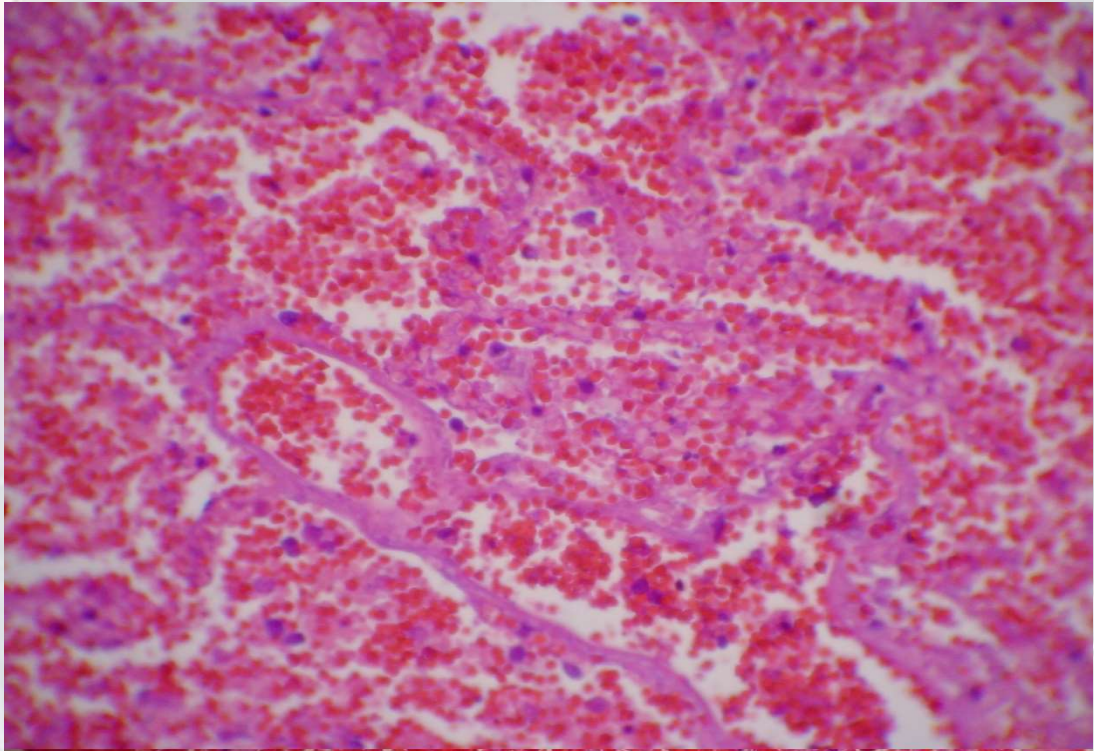
ATENÇÃO: PREENCHA O ATESTADO CONSIDERANDO APENAS OS ACHADOS MACROSCÓPICOS DA AUTÓPSIA.

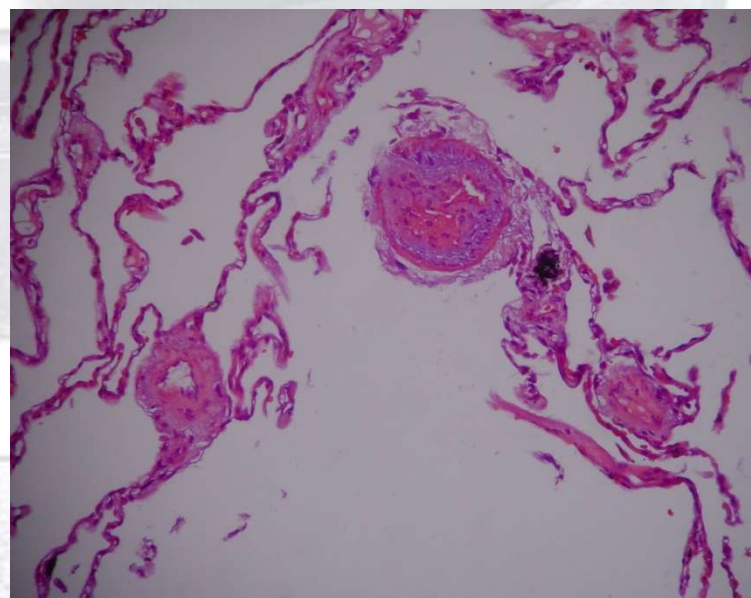
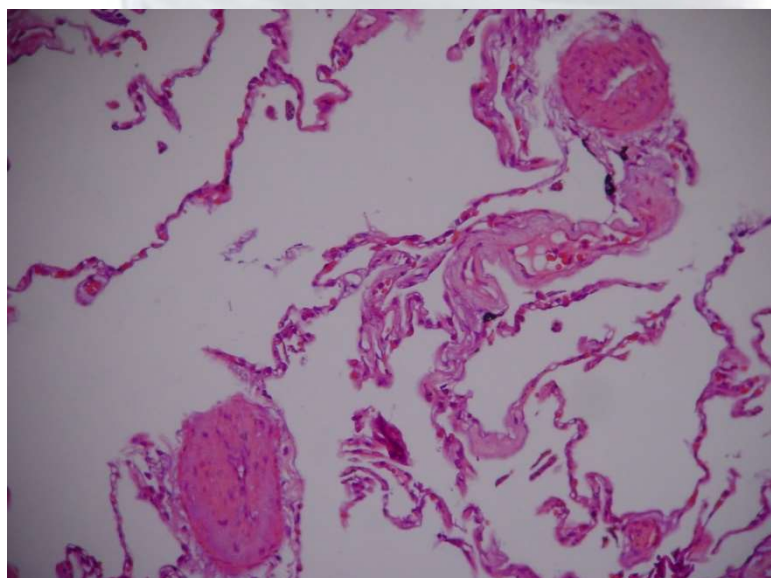
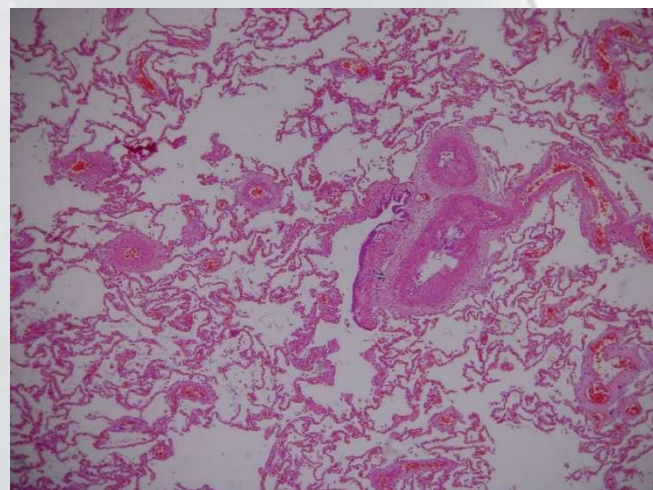
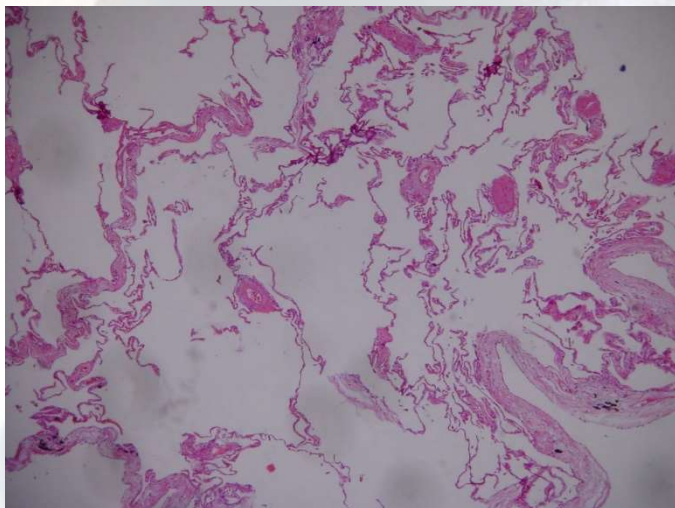
- DECLARAÇÃO DE ÓBITO:
- I)
 - A)
 - B)
 - C)
 - D)
- II)

ACHADOS MICROSCÓPICOS



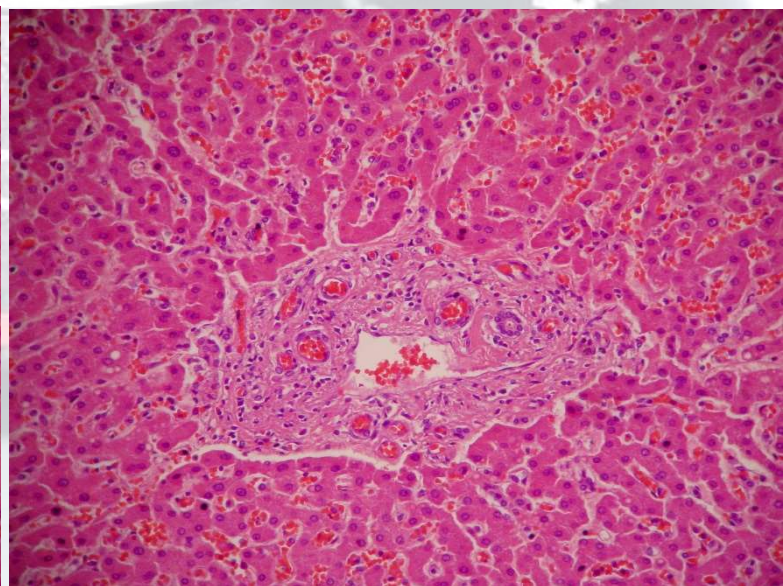
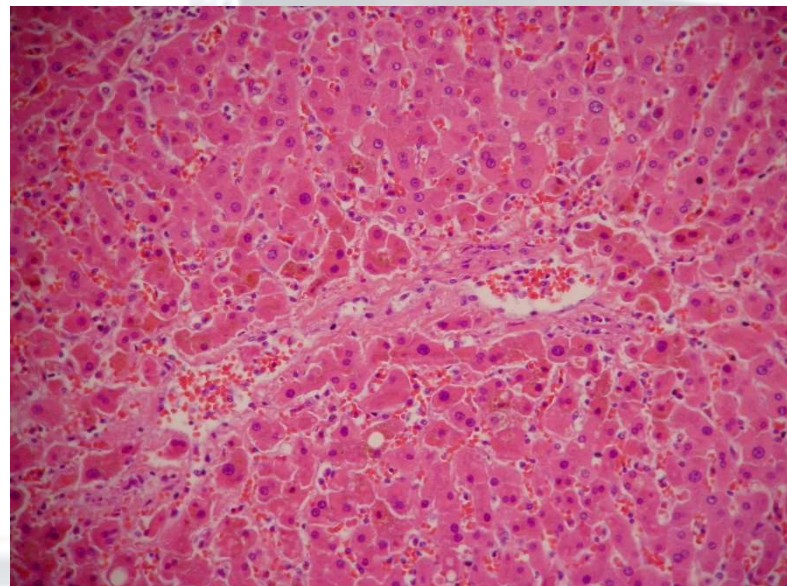
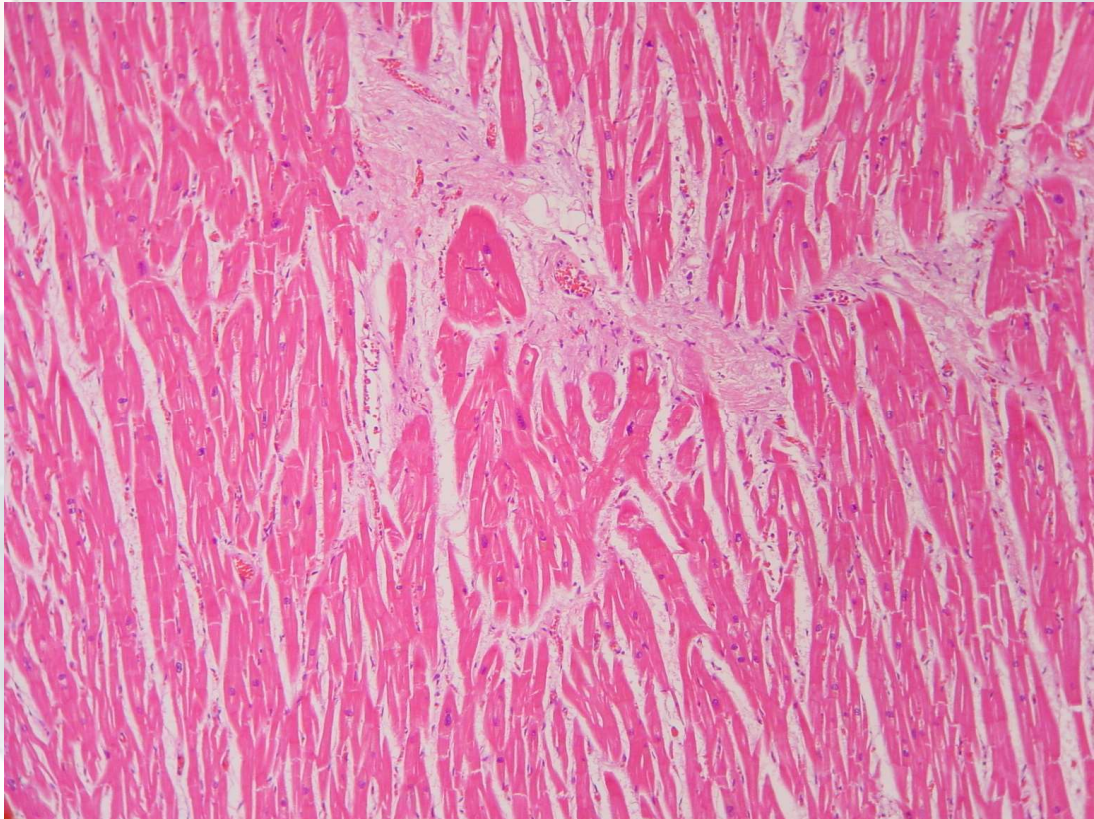


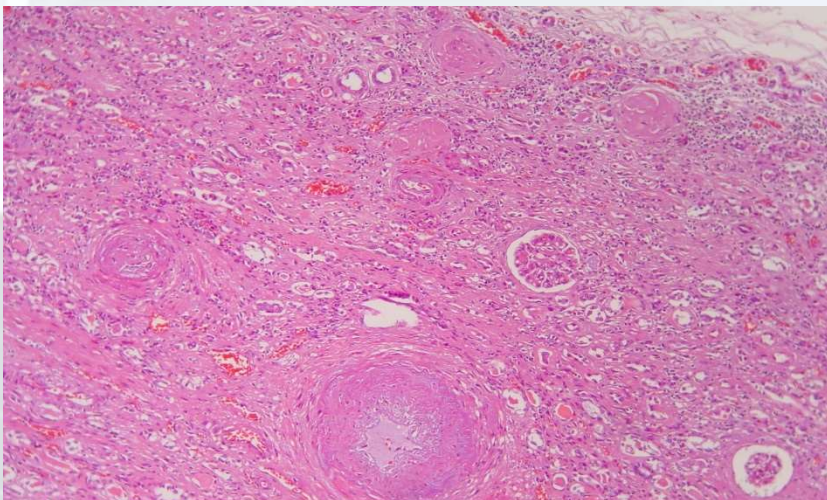
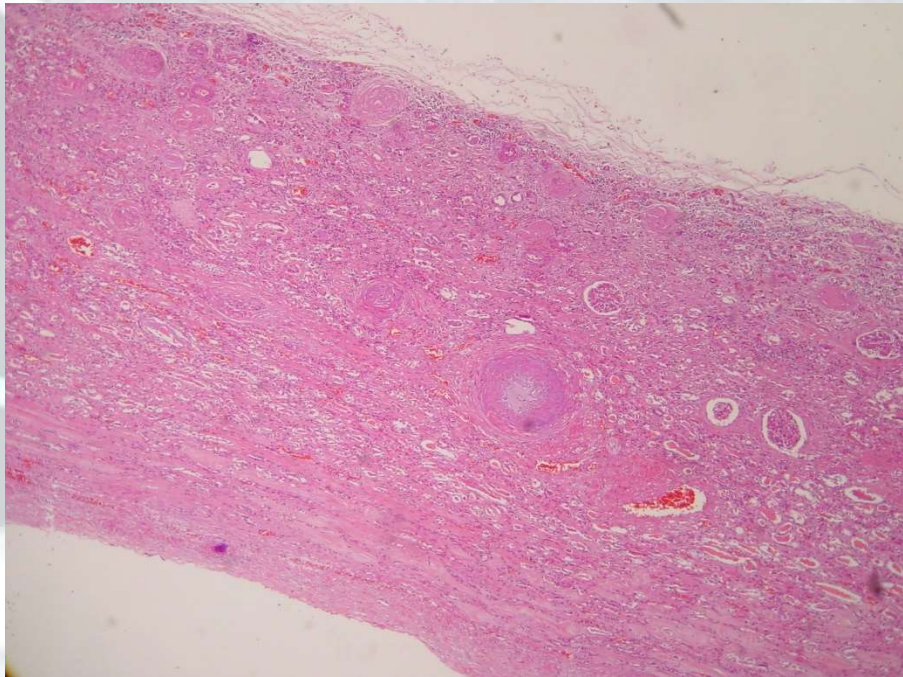
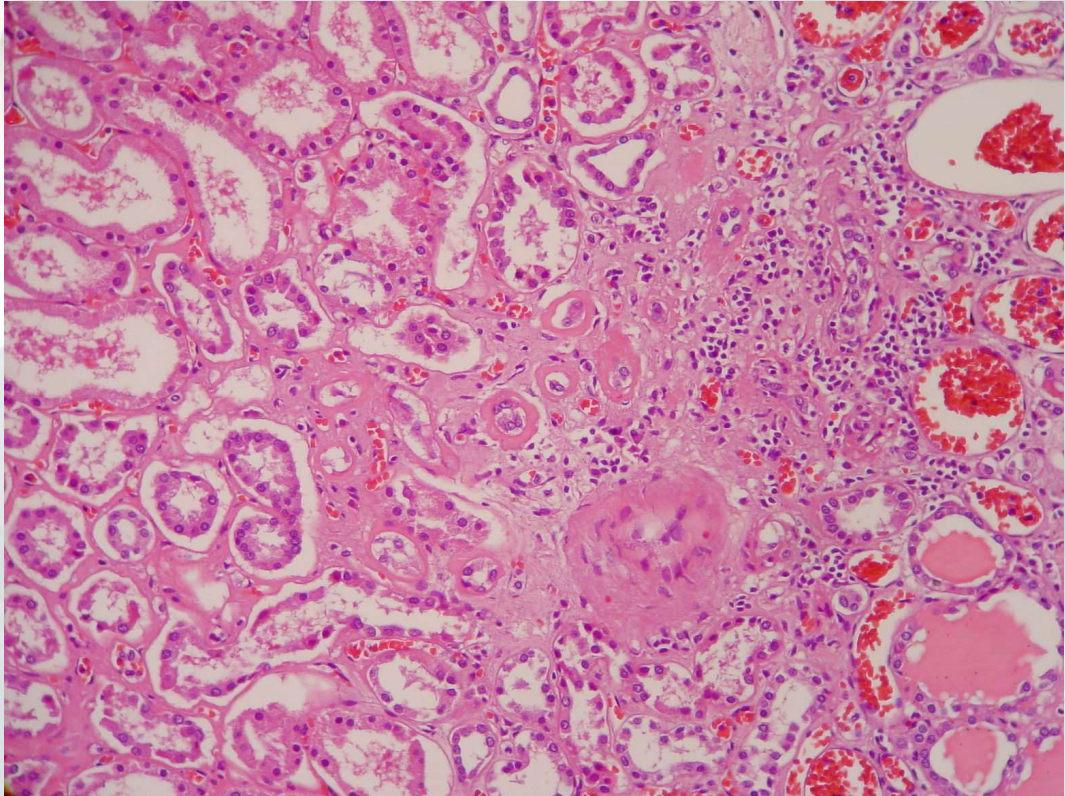




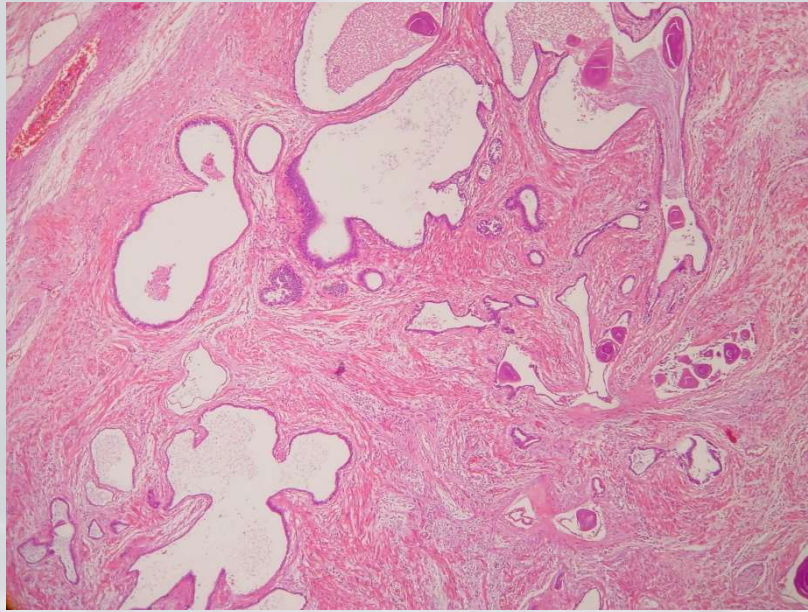
10x/0.10
WD 30

Coração





Próstata



Fazer a capa definitiva

