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. Idiopathic2. 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 rupture2. Cardiovascular causes, including myocardial ischemia (angina, MI), pericarditis, aortic stenosis, aortic dissection, pulmonary embolism, cardiomyopathy, myocarditis, mitral valve prolapse, pulmonary hypertension, hypertrophic cardiomyopathy3. Pulmonary: pneumonia, pleuritis, bronchitis, pneumothorax, tumor4. Gastrointestinal: esophageal rupture, GERD, esophageal spasm, Mallory-Weiss syndrome, peptic ulcer diesase, biliary disease, pancreatitis, functional GI pain5. Musculoskeletal: cervical or thoracic disk disease, shoulder arthritis, costochondritis (anterior chest wall syndrome or Tietze's syndrome), subachromial bursitis6. Anxiety7. 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. Idiopathic2. Postacute pericarditis of any cause3. Postcardiac surgery4. Uremia5. Connective tissue disease (lupus, scleroderma, and rheumatoid arthritis)6. Post-traumatic7. Drugs (procainamide, hydralazine, methysergide)8. Radiation-induced9. Neoplastic pericardial disease (melanoma, mesothelioma)10. Infectious: tuberculosis, fungal infections, and parasitic infections11. Post-myocardial infarction12. Post-Dressler syndrome13. Post-purulent pericarditis14. 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, ARDS2. Cardiac: myocardial ischemia, heart failure, valvular disease, arrhythmia, pericardial effusion with tamponade3. Metabolic: acidosis, hypercapnea, sepsis4. 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 cardiomyopathyHypertensionOther cardiomyopathy (idiopathic, alchohol induced)Valvular diseaseVolume overloadArrhythmiaHigh output statesChaga's disease2. Right ventricular failureSecondary to LV failureCor pulmonale Chronic PERight sided valve disease3. Diastolic dysfunctionLeft ventricular hypertrophyHypertensionHypertrophic cardiomyopathyRestrictive cardiomyopathyDiabetes4. High output heart failureHyperthyroidismSevere anemiaPersistant tachycardiaAV shuntingPaget's diseaseBeriberiHepatic hemangiomasSepsisCarcinoid |
| Differential Hypertension | The differential diagnosis of hypertension includes the following identifiable causes:Chronic kidney diseaseCoarctation of the aortaCushing’s syndrome and other glucocorticoid excess statesincluding chronic steroid therapyDrug induced or drug related (see table 18)Obstructive uropathyPheochromocytomaPrimary aldosteronism and other mineralocorticoid excess statesRenovascular hypertensionSleep apneaThyroid or parathyroid diseaseThe following are tests commonly used or recommended for the identification of these identifiable causes:Chronic kidney disease: Estimated GFRCoarctation of the aorta: CT angiographyCushing’s syndrome and other glucocorticoid History; dexamethasone suppression test; excess states including chronic steroid therapyDrug induced/related: History; drug screeningPheochromocytoma: 24-hour urinary metanephrine and normetanephrinePrimary aldosteronism and other mineralocorticoid 24-hour urinary aldosterone level orexcess states specific measurements of other mineralocorticoidsRenovascular hypertension: Doppler flow study; magnetic resonance angiographySleep apnea: Sleep study with O2 saturationThyroid/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 etiologyB. 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 tachycardiaAV reentrant tachycardiaNonparoxysmal junctional tachycardia2. Long RP (RP>PR)Sinus tachycardiaSinus nodal re-entrance tachycardiaAtrial tachycardiaPermanent junctional reciprocating tachycardiaNonparoxysmal junctional tachycardiaUnusual type of AV nodal reentryAtypical AV reentrant tachycardia |
| Differential Palpitations | The differential diagnosis of palpitations includes:A. Palpitations without arrhythmia: Non-Cardiac Disorders:AnxietyExerciseAnemiaFeverVolume depletionThyrotoxicosisMenopausal syndromeHypoglycemiaPheochromocytomaAortic aneurismMigraine syndromeArteriovenous fistulaDiaphragmatic flutterDrugs -sympathomemetic agents -ganglionic blockers -digitalis -nitrates -aminophylline -atropine -caffeine (coffee, tea) -tobacco -Alcohol -thyroid extractCardiac DisordersAortic regurgitationAortic stenosisPDAVSDASDMarked cardiomegalyAcute LV failurePericarditisPacemaker syndromeB. 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 failureChirrosis with ascitesNephrotic syndromePeritoneal dialysisMyxedemaAcute atelectasisConstrictive pericarditisSuperior vena cava obstructionPulmonary embolismUrinothorax (due to obstructive uropathy)Exudates:PneumoniaCancerPulmonary embolismEmpyemaTuberculosisConnective tissue disease (eg Rheumatoid arthritis)Viral infectionFungal infectionRickettsial infectionParasitic infectionAsbestosMeigs' diseasePancreatic diseaseUremiaChronic atelectasisTrapped lungChylothoraxSarcoidosisDrug reactionPost-myocardial infarction syndromeEsophageal 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-specificDigitalis effectOther drugs (tricyclic antidepressants)Bundle branch blockLeft or right ventricular strainElectrolyte abnormalitiesSubendocardial ischemiaMyocarditisReciprocal changes in acute MICerebral or subarachnoid injuryPancreatitisPulmonary 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 myxoma2. 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 infarction2. Heart failure3. Myocarditis/pericarditis4. Pulmonary embolism5. Renal insufficiency6. False positive |
| Differential T-wave Inversion | The differential diagnosis for inverted t-waves on the ECG includes:NormalJuvenile T-wave patternNonspecific abnormalityMyocardial ischemia or infarctionMyocarditisPericarditisVentricular strainAcute or chronic cor pulmonaleCerebral or subarachnoid injuryDrugsElectrolyte abnormalities (hypokalemia, hypocalcemia)Vagotomy |
| Differential Wide QRS Tachycardia | The differential diagnosis of a wide-complex tachycardia includes the following:1. Ventricular tachycardia2. Antidromic reciprocating tachycardia3. Mahaim fibed tachycardia4. Pacemaker mediated tachycardia5. Any supraventricular tachycardia with aberrant conduction6. 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 tachycardiaThe diagnosis of ventricular tachycardia is supported by the following features:1. Evidence of A-V dissociation, fusion beats or capture beats2. Triphasic configuration (Rsr'or Rr') QRS complex in V1 in the presence of a RBBB morphology3. QS, QR, or R QRS pattern in V6 in the presence of a RBBB4. Any Q in V6 in the presence of LBBB5. A concordant pattern in all precordial leads6. 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.