

# Endocrinology Cheat Sheet by swadmasud via cheatography.com/212185/cs/46091/

### Hormone Axes

Endocrinology is understood based on feedback loops

Example: Hypothalamus  $\rightarrow$  Pituitary  $\rightarrow$  Target Gland  $\rightarrow$  Hormone  $\rightarrow$  Feedback

Systems Review History				
Thyroid	Diabetes	Adrenal	Pituitary	Past History
Weight loss/gain	Polyuria, polydipsia	Fatigue, dizziness	Headache, vision	Endocrine/autoimmune disorders
Heat/cold intolerance	Fatigue	Pigmentation	Libido/fertility	Surgeries, radiation
Palpitations, tremor	Infections	Nausea, salt craving	Galactorrhea	
Neck swelling	Neuropathy, vision		Growth changes	
Hair/skin/mood changes				

Systems Review Physical							
General Inspection	Vitals	Hands/Arms	Face & Neck	Chest	Abdomen	Legs	Neuro
Body habitus	BP (± orthostatic)	Tremor	Eye signs (lid lag, exopht- halmos)	Gyneco- mastia	Central obesity	Myopathy	Visual fields
Skin/hair/voice	HR	Palmar erythema	Eye signs (lid lag, exopht- halmos)	Hair distri- bution	Striae	Reflexes	CN exam (pituitary)
Scars, pigmentation, striae	Blood glucose	Myopathy	Thyroid: inspect, palpate, auscultate		Masses	Neuropathy	/
	Temp	Reflexes				Edema	
		Skin changes					

The Five Systems and Their Common Disorders		
Thyroid	Hypo-/Hyperthyroidism, Nodules, Goiter, Thyroiditis	
Adrenal	Addison's, Cushing's, Conn's (Hyperaldosteronism), Pheochromocytoma	
Pituitary	Prolactinoma, Acromegaly, Hypopituitarism, Diabetes Insipidus	
Pancreas	Diabetes Mellitus (Type 1 & 2), Hypoglycemia	
Gonadal	PCOS, Hypogonadism, Menstrual disorders	

Key Symptoms	
□ Нуро	☐ Hyper
Weight Gain	Weight Loss
Fatigue	Sweating/Palpitations
Cold Intolerance	Anxiety, Tremors
Constipation	Diarrhea
Depression	Heat Intolerance
Amenorrhea	Irregular Periods

Symptom-Based Differentials		
Symptom	Possible Differential	
Weight loss	Hyperthyroid, diabetes, Addison's, cancer	
Weight gain	Hypothyroid, Cushing's, insulin therapy	
Amenorrhea	PCOS, prolactinoma, hypothalamic causes	
Polyuria/pol- ydipsia	Diabetes mellitus, diabetes insipidus, hypercalcemia	
Fatigue	Hypothyroid, Addison's, diabetes, anemia	

Considerations		
Hormone excess/deficiency		
Primary/secondary gland problem		
Mass effects (compression, vision)		
Systemic effects (metabolic, menstrual, growth)		
Timeline (acute, chronic, fluctuating		

Labs	
Lab	Indication
TSH + Free T4	Thyroid function (hypo/hyper)
Cortisol ± ACTH	Adrenal function (Addison's/Cushing's)
OGTT + HbA1c	Glucose tolerance & diabetes control
Prolactin	Pituitary tumors, galactorrhea, amenorrhea
PTH + Calcium	Hyper-/Hypoparathyroidism
LH/FSH + Sex hormones	Gonadal axis function
Insulin/C-peptide	Differentiating type 1/2 diabetes, insulinomas

Common Syndromes		
Syndrome	Key Features	
Cushing's	Central obesity, moon face, purple striae, HTN, glucose intolerance	
Addison's	Hyperpigmentation, fatigue, hypotension, salt craving, weight loss	
Graves'	Hyperthyroid + eye signs (exophthalmos, lid lag), diffuse goiter	
Hypoth- yroid	Cold intolerance, dry skin, weight gain, fatigue, slow reflexes	
Acromegaly	Enlarged hands/feet, coarse features, diabetes, spacing of teeth	
Prolac- tinoma	Galactorrhea, amenorrhea, reduced libido, visual changes	



By **swadmasud** 

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### Common Syndromes (cont)

PCOS Irregular menses, hirsutism, acne, insulin resistance,

### Clinical Skills

Glucose (pin prick)

Visual field via confrontation

Thyroid exam (palpate, swallow, auscultate)

Visual signs (Cushingoid features, tremor, myxedema)

Diabetic foot exam (vibration, pinprick, monofilament)



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