**Renal Case Study**

Rosy Renalski, a 30-year-old Caucasian female, presents to your primary care clinic with 4 days of hematuria and low back pain.

HPI: Symptoms started acutely, has no known trauma to back. Describe symptoms as vague, achy “tension-like” discomfort, mostly on the left side. Does stand a lot at work. No dysuria. Urine looks orange-ish at times. No new medications, no urgency and no increase in frequency. No odor to urine. Denies fever. LMP: 2 weeks ago. Drinks 2 to 3 glasses of water a day, + coffee, + 3 sodas/day.

**PMH:** HTN for 1 year, overweight

**Meds:** Taking Hydrochlorothiazide 25 mg daily and prn multivitamins + calcium

**FH:** Parents who are alive and both with HTN, dad with DM and kidney dysfunction. She has 1 older brother (aged 33) who is healthy. One sister (age 36) has HTN and obesity. Does not know grandparents’ history.

**SH:** Patient is under moderate amount of stress. New job as an editor and keeps long hours due to need to meet deadlines. Lives with female partner of 6 years in rented apartment. Has 2 small dogs at home. Sleeping about 6 hours/night due to new job.

**NKDA**, No environmental, food, or material allergies

**ROS**:

**General:** No history of fevers, weight changes, night sweats, + fatigue

**PE:** General: Alert, mildly uncomfortable, appearing overweight adult female

**VS:** BP 134/89 P 70, RR 15, T 100.6 oral, HT: 64 in, Wt 165# BMI 29

**Skin:** Dry, intact without any lesions

**HEENT:** PERRLA, eyes clear, w/o discharge, TM'S intact, canals clear, mouth moist, w/o lesions, tonsils 2+ no erythema

**CV/ Lungs**: RRR, no MRG, CTAB

**Abdominal:** Soft, round, non-tender to palpation, + CVA tenderness on left side

**POC testing: UA:** Trace RBCs, + nitrates, + proteins, + ketones, + WBCs/leukocytes. pH: 5.0