6/29/26 Mainstream Monday with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Ramaswamy (@Dr_RamaswamyS)* ***Case Discussants****: Maddy (@MadellenaC) & Gillian (@)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Lera)

CC: 45M with **new creatinine rise up to 7.48**

HPI: Happening in ED.
Over last 4 days having 18-20 loose bowel movements daily. Not sure about last diuresis, no urination observed after being in ED for 8 h and receiving 2 L of IV fluids.

ROS: orthostatic dizziness. No fever, chills, bloody stools, edema, change in urine color. Reports poor oral intake.

PMH:
HTN
MASLD
Anxiety

Meds:
Metoprolol
Losartan
Bupropion
Tirzepatide

Fam Hx: —

Social Hx: lives with children, possible *exposure to Norovirus*

Health-Related Behaviors: 5 beers twice weekly

Allergies: —

Vitals: T: **HR**: 121 **BP**: 109/54 **RR**: 18 **Sat**: 99%
Exam: Gen: AO, tired, not acute distress
HEENT: dry MM **CV**: nl, tachycardic **Skin**: decreased turgor and CRT
Pulm: nl **Abd**: nl **Neuro**: nl, no FND

Notable Labs & Imaging:

Hematology:
WBC: 9.3 **Hgb**: 18 **Hct**: 52.6 Plt: 342

Chemistry:
Na: 134 K: 4 Cl: 100 HCO3: 17 **Cr**: 7.48 [bl 0.8] **BUN**: 60
Glucose: 120 Ca: 8.8 **AG**: 17
LFT: nl Lipase: 34 Lactate: 2

Renal & bladder US: no hydro / obstruction

UA: dark appearing, 1+ ketones, hyaline casts
Serum Osm: 305 **Osm Gap**: nl

-> Foley placed, UO monitored. Received > 4 L fluids total -> Cr to 7.23 and normalized over course of few days to 1.2, CRT & turgor improved

Dx: Norovirus induced prerenal AKI

Problem Representation: A 45 y/o gentleman presented with AKI in the setting of acute gastroenteritis. Improved with conservative Rx including medication hold & fluid resuscitation, confirming Dx of prerenal AKI.

Teaching Points (Siva)
1.AKI-pre vs intra vs post?-->USG for obstruction(BPH)?
Base rate-plumbing issues-fluids will resolve most issues and imaging will r/o postrenal.
Sometimes intervention itself is a diagnostic test.
Post void residue to check urine retention.
prerenal/post renal or just pure intratenal—>ATN.
Post ATN diuresis—>electrolyte derangement.
AG in AKI – elevated sulphates and phosphates.
Decreased PO →starvation ketosis??
Muddy casts are sometimes missed in U/A in ATN cases.