5/7/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Jahanvi(@)* ***Case Discussants****: Rabih(@) & Sarah B(@sarahkblaine)*

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

Scribing (Lukas)

CC: 28 yo female from india presents with painful urination and hematuria for 3 days

HPI: 3 days of burning sensation while urinating. Increased urinary frequency and urgency; 1 day prior: urine became dark/red/brown + dull Intermittent ache in right flank area. Tried over the counter cranberry extract without relief.

ROS: **(-)**: fever, chills, nausea, vomiting
ROS (+): Fatigue and constipation over months, periods irregular over past years; normally every 2 months (no gyn evaluation done); last period 35 days ago

PMH:
No previous UTIs
Kidney stones 2 years ago spontaneous resolve

Meds:
-

Fam Hx:
Healthy, no renal disease or bleedings disorders
Father had neck surgeries in his 30s and gastric ulcers
Aunt tumor in the head preventing having kids in the 30s

Social Hx:
Software developer

Health-Related Behaviors:
No tobacco
No alcohol
No illicit drugs

Allergies: -

Vitals: T: 98,8 **HR**: 82 **BP**: 118/76 **RR**: 14 **Sat**: 99% on RA **BMI**: 25,7
Exam: Gen: well appearing, in mild distress when the flank pain acts up
HEENT: NA
CV: regular rate and rhythm, no murmurs
Pulm: wnl
Abd: non distended, nontender, normal bowel sounds.
Back: mild right sided costovertebral angle tenderness
Neuro: cranial nerves II-XII intact. Normal bulk and tone, **no visual field deficits**
Extremities/skin: -

Notable Labs & Imaging:

Hematology:
WBC: 9,2 Hgb: 11,8 Plt: 214 MCV:

Chemistry:
Na: 138 K: 4 Cl: 102 HCO3: 24 Cr: 0,8 BUN:14 Glucose: Ca: **11.8 (8.5-10.5)**
corrected Ca: **2,89** (2.1-2.6) Mg:
AST: wnl ALT: wnl Alk-P: Bili: Albumin: 4 Total Protein: wnl
ESR: CRP: LDH: Hcg: neg intact PTH: **145 (15-65)** P: **2,1 (2.5-4.5)** 25-Oh-Vit-D: 32 (wnl)

Imaging:
UA: red color, cloudy, ph 6, large blood cells, RBC's > 50; WBC's: 5-10 per high power field; specific weight: 1.020, nitrate: negative Leukocyte esterase and nitrates: neg
Urine culture: no growth after 48 hours
Renal ultrasound: bl echogenic foci with posterior acoustic shadowing -> nephrolithiasis, mild right sided hydronephrosis
X-Ray KUB: **radio opaque calculus in right Ureter**
24 hour urine calcium: **350 mg/day (elevated)**
Endocrine screen: **prolactin 120 ng/ml (very high)**, IGF1 normal, **Gastrin (slightly high)**;
Imaging: **No** parathyroid scan done
cMRI: **1,4 cm pituitary adenoma no chiasmatic compression**
Rx: referral to endocrinologist -> started on Dopamin-agonist

Dx: MEN-1-Syndrome
(genetic tested denied by patients due to financial burden)

Problem Representation: 28Y/F with acute onset dysuria, hematuria, dysmenohrrea, intermittent dull aching flank pain and hypercalcemia.

Teaching Points (fahed)

Localizing the chief complaint:
1. **Dysuria: Localises to urethra, skin**
2. **Hematuria: Upper UT, Lower UT, Blood thinners**
3. **intermittent ache in flank area: Kidneys**

Complications to expect:
1. **Urinary outflow obstruction**
2. **Hematuria related complications**
3. **Get a post-void residual urine volume and inspect the degree of color change to get a sense of degree of hematuria**

Analogy to the pharynx:
1. **Pharyngitis = Dysuria = epithelial irritation**
2. **Bleeding from mouth = hematuria = tissue integrity compromise.**

Acute onset hematuria and Dysuria = Stones, Stones, Stones.
1. **Most common = Calcium stones (oxalates > Phosphate).**
2. **Others = uric acid stone, struvite, genetic diseases.**
3. **Reason = too much calcium, too less citrate, too much oxalate (can be linked to fat malabsorption)**
4. **USG (to detect hydronephrosis) vs CT (size of the stone).**

Hypercalcemia: PTH, PTHrP, Vitamin D, Thyroid, Drugs.
Utility of vitamin D in hypercalcemia: hypervitaminosis D + secondary hyperparathyroidism.
MEN 1: 3P = Pituitary (hyperprolactin), Parathyroid (high PTH) and pancreatic tumors (Gastrinoma)