

Emily Yeung
Rotation 6: Internal Medicine, QHC
Final Site Evaluation

Identification:

- Date: 07/09/19
- Time: 8:10 AM
- Name: RH
- Sex: M
- Race: Guyanese
- Age: 47
- Address: Internal Medicine, QHC

Informant:

- Source of history: Patient, reliable

Referral Source: Self

Chief Complaint:

- "Sudden worsening right flank pain with blood clots in pee x 2 days"

Present Illness:

47 year old male, current smoker, recently traveled from Guyana 4 days ago with no significant PMHx presented to ED for "sudden, worsening right flank pain with episode of gross hematuria with blood clots in pee s x 2 days." Right flank pain started 3-4 months ago while patient was at work doing construction. Pain was dull, achy, intermittent, 4/10 in severity and patient attributed this pain to gas. Patient also reports having intermittent hematuria, both of which he did not seek medical attention for. Patient states that abrupt flank pain started yesterday morning while sitting, was constant, sharp, stabbing, 9/10 in severity, radiates to right groin, worse when moving, somewhat alleviated with Tylenol. Patient still notices hematuria with several blood clots only during the first urination of the day followed by hematuria 1-2 times per day, not during every subsequent urination. In ED, labs significant for potassium 5.8, CO2 30. UA demonstrated proteinuria, hematuria, some WBCs but no LE, bacteriuria or nitrites. Given Toradol and 2L NS in ED.

CT abdomen/pelvis revealed complex cystic lesion within right renal pelvis measuring 11.3 x 9.2 cm with associated right-sided hydronephrosis concerning for neoplastic process. Urology was consulted in ED, recommending metastatic w/u, urine cytology, and CT renal protocol to establish diagnosis.

Currently, flank pain is less sharp, on and off, 5/10 in severity. Admits to generalized abdominal pain. Denies any fever, chills, dizziness, N/V/D/C, weight loss, decreased appetite, SOB, chest pain, dysuria, frequency, urgency, edema, hx of kidney stones. Patient is staying in NY for 2 months for family wedding, plans to go back to Guyana for work afterwards. Patient does not like going to doctors, last physical in Guyana, 2015.

Past Medical History:

- No significant past medical history.
- Immunizations unknown.
- Patient denies any childhood illnesses.

Past Surgical History:

- No significant past surgical history.
- Denies past transfusions or injuries, hospitalizations.

Medications:

- OTC Tylenol 325mg PO prn, last taken last week
- Rocephin 1000mg IV
- Nicotine patch
- Morphine 2mg IV q4h prn

Allergies:

- NKDA.
- Denies any other food or environmental allergies.

Family History:

- Mother, deceased from old age, nephrolithiasis.
- Father, deceased from old age.
- Paternal grandfather, deceased from unknown malignancy.

Social History:

- Current smoker. ½ PPD x 20 years.
- Admits to drinking 2-3 shots of vodka per month.
- Denies drinking caffeine at present.
- Sleeps 6 hours per day, on average.
- Denies exercising regularly.
- Married, lives with wife and 2 sons.
- Occupation: construction worker
- Admits to being sexually active with wife only, does not use protection, denies any past or current STIs.

ROS

- General
 - Denies any recent weight gain/loss, fever, chills, night sweats, loss of appetite.
- Skin, hair and nails
 - Denies any discoloration, moles, pruritus, changes in hair distribution, excessive dryness/sweating, change in hair/skin texture, lacerations.
- Head
 - Denies headache, vertigo, head trauma, facial swelling.
- Eyes
 - Denies photophobia, pruritus, blurring, diplopia, lacrimation, other visual disturbances. Does not wear glasses. Last eye exam many years ago.
- Ears

- Denies any deafness, pain, discharge.
- Nose/Sinuses
 - Denies any epistaxis, obstruction, discharge, congestion.
- Mouth and throat
 - Denies any dry mouth/lips, bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, use of dentures. Last dental exam many years ago.
- Neck
 - Denies localized swelling/lumps, stiffness/decreased range of motion.
- Breast
 - Denies any lumps, nipple discharge, pain.
- Pulmonary system
 - Denies any cough, SOB, wheezing, hemoptysis, cyanosis, orthopnea, PND, choking, chest tightness, stridor.
- Cardiovascular system
 - Denies any chest pain, palpitations, irregular heartbeat, syncope, heart murmur, edema.
- Gastrointestinal system
 - Denies any N/V/D/C, indigestion, heartburn, flatulence, diarrhea, jaundice, anal bleeding, rectal pain, loss of appetite, boating.
 - Has one BM every other day at night.
- Genitourinary system
 - Admits to hematuria.
 - Denies any frequency, polyuria, urgency, nocturia, oliguria, dysuria, incontinence, flank pain.
- Nervous system
 - Denies headaches, sensory disturbances, ataxia, change in cognition, loss of strength, weakness, LOC.
- Musculoskeletal system
 - Admits to right sided flank and groin pain.
 - Denies joint pain, deformity, erythema, edema, tenderness, arthritis.
- Peripheral vascular system
 - Denies any peripheral edema, intermittent claudication, varicose veins.
- Hematologic system
 - Denies any easy bruising, bleeding, lymph node enlargement, blood transfusions.
- Endocrine system
 - Denies any polyuria, polydipsia, polyphagia, goiter, excessive sweating, Hirsutism, heat intolerance.
- Psychiatric
 - Denies any past or current psychiatric illnesses, feelings of depression or anxiety. Has never seen a mental health specialist or therapist.

General Survey:

- Medium build male, well developed and well nourished, adequately groomed, looks his stated age of 47 years, breathing unlabored. A/O x3.

Vital Signs:

	07/08/2019 10:10AM	07/09/2019
Blood Pressure	132/88, bilateral arms, lying	114/74, bilateral arms, lying
Heart Rate	81 bpm, regular	73 bpm, regular
Respiratory Rate	16 breaths per min, unlabored	16 breaths per min, unlabored
O2 Sat	98%, room air	98%, room air
Temperature	98.0°F, orally	97.6°F, orally

- Height: 5 ft 7 inches
- Weight: 150 lbs.
- BMI: 23.5

Physical Examination:

- General appearance: alert, well developed, well nourished, NAD.
- Skin: no suspicious lesions, warm and dry, moist, no rash.
- HEENT: normocephalic, atraumatic, no scalp lesions.
- Nails: No clubbing, capillary refill <2 seconds throughout.
- Eyes: sclera non-icteric, upper and lower eyelids normal.
- Throat: clear, no erythema or exudates, uvula midline.
- Lymph nodes: unremarkable.
- Chest: symmetrical, no deformities, trauma. Respirations unlabored. No use of accessory muscles noted. Lat to AP diameter 2:1.
- Lungs: Clear to auscultation and percussion bilaterally, no wheezes, rales, rhonchi.
- Heart: RRR, S1 and S2 are normal, no murmurs.
- Abdomen: Generalized +TTP throughout abdomen. 11 x 9 cm solid mass palpated in RUQ. BS sounds present in all 4 quadrants. No guarding or rigidity, no hepatosplenomegaly, no hernias palpable.
- Back: +TTP over right sided flank, limited ROM, no CVA tenderness, spine nontender to palpation.
- Peripheral vascular: extremities unremarkable in color, size, temperature. Pulses are 2+ bilaterally in upper and lower extremities.
- Neurologic exam: nonfocal, A/O x 3.
- Musculoskeletal: no soft tissue swelling, erythema, ecchymosis, atrophy, deformities in upper and lower extremities. Non-tender to palpation. No crepitus noted throughout. FROM of all upper and lower extremities bilaterally.
- Psychiatry: cooperative with exam, good eye contact, speech mostly clear.

Lab Results & Radiological Studies (only have 1 set of labs)

- CBC with differential: WNL
 - WBC: 7.85
 - RBC: 4.88
 - Hgb: 15.4

- Hct: 46.2
- BMP: WNL
- Hepatic function panel: WNL
- Bone specific alk phos: 7.8
- HgA1c: 5.5
- Lipid panel
 - HDL: 45
 - Triglycerides: 102
 - LDL: 117 (H)
- Magnesium: 1.7
- Phosphorus: 3.2
- Procalcitonin: 0.03
- aPTT: 36.6 (H)
- INR: 1.0
- CT abdomen/pelvis without contrast
 - There is a complex cystic lesion noted within the right renal pelvis measuring approximately 11.4 x 9.2 cm. There is associated severe right-sided hydronephrosis noted. Findings are concerning for neoplastic process. Recommend urologic consultation. Contrast-enhanced renal protocol imaging may be performed for further evaluation.

Assessment: 47 y/o male, current smoker presented to ED for severe right sided flank pain with hematuria. CT abdomen remarkable for complex cystic lesion within right renal pelvis measuring 11.3 x 9.2 cm with associated right sided hydronephrosis concerning for neoplastic process. Urology consulted, patient admitted for further malignancy w/u.

1. Renal tumor (renal cell carcinoma)

- CT shows 11.3 x 9.2 cm mass
- Classic triad: flank pain, hematuria, flank mass
- Hx of smoking, workplace exposure to herbicides

2. Nephrolithiasis

- Presented with severe right sided flank pain that radiates to right groin
- Hematuria occurs as stone is passing
- Pain fluctuates in severity
- Mother has a history of kidney stones
- However, no dysuria or colicky pain

3. Pyelonephritis

- Presented with right sided flank pain that radiates to right groin
- However, no dysuria, fever, chills, nausea, vomiting

4. Renal infarction

- Smoking is considered hypercoagulable state
- Presents with abrupt flank/abdominal pain, hematuria in 32% of patients (according to UpToDate)

- However, no PMHx of cardiac disease, renal artery injury

5. Bladder cancer

- Patient presents with hematuria that occurs without dysuria
- However, he admits to right flank and generalized abdominal pain
- Bladder cancer typically presents with painless hematuria; sometimes dysuria, frequency, urgency

Plan:

1. Renal mass

- Oncology consult
- CT abdomen pelvis with contrast to check for mets
- CT chest with contrast to check for mets
- NM bone scan whole body to check for mets
- CT urogram
 - Diet NPO
- Urine cytology
- Morphine 2mg IV q4h prn for pain
- NS 75cc/hr

2. Hematuria, secondary to malignancy vs. UTI

- Monitor CBC daily, transfuse if Hgb < 7.0
- Resume Rocephin 1000mg PO daily
- F/u urine culture
- F/u procalcitonin

3. Chronic smoker

- Nicotine patch
- Smoking cessation counseling

Patient Education:

- Renal mass
 - CT shows large tumor in right kidney
 - Tumor is most likely causing flank/abdominal pain, blood in urine
 - Most likely need nephrectomy, meaning surgical removal of right kidney to prevent cancer from spreading
 - Can still function with one kidney but have to be careful
 - Will check further CT scans to see if cancer spread anywhere else
- Hematuria
 - Secondary to cancer
 - Should resolve completely after surgery
- Chronic smoker
 - Smoking increases risk for renal cell carcinoma (kidney cancer) and other types of cancers like lung, liver, esophagus, pancreas, bladder, and more
 - Smoking also accelerates kidney disease, would be beneficial to stop smoking to prevent remaining kidney from going bad