

REASON FOR CONSULTATION: , Azotemia.,HISTORY OF

PRESENT ILLNESS: ,The patient is a 36-year-old gentleman

admitted to the hospital because he passed out at

home.,Over the past week, he has been noticing increasing

shortness of breath. He also started having some abdominal

pain; however, he continued about his regular activity until the

other day when he passed out at home. His wife called

paramedics and he was brought to the emergency room.,The

patient has had a workup at this time which shows bilateral

pulmonary infarcts. He has been started on heparin and we

are asked to see him because of increasing BUN and

creatinine.,The patient has no past history of any renal

problems. He feels that he has been in good health until this

current episode. His appetite has been good. He denies

swelling in his feet or ankles. He denies chest pain. He denies

any problems with bowel habits. He denies any unexplained

weight loss. He denies any recent change in bowel habits or

recent change in urinary habits.,PHYSICAL

EXAMINATION:.,GENERAL: A gentleman seen who appears

his stated age.,VITAL SIGNS: Blood pressure is

130/70.,CHEST: Chest expands equally bilaterally. Breath

sounds are heard bilaterally.,HEART: Had a regular rhythm,

no gallops or rubs.,ABDOMEN: Obese. There is no

organomegaly. There are no bruits. There is no peripheral

edema. He has good pulse in all 4 extremities. He has good

muscle mass.,LABORATORY DATA: , The patient's current

chemistries include a hemoglobin of 14.8, white count of 16.3,

his sodium 133, potassium 5.1, chloride 104, CO2 of 19, a

BUN of 26, and a creatinine of 3.5. On admission to the hospital, his creatinine on 6/27/2009 was 0.9.,The patient has had several studies including a CAT scan of his abdomen, which shows poor perfusion to his right kidney.,IMPRESSION:,1. Acute renal failure, probable renal vein thrombosis.,2. Hypercoagulable state.,3. Deep venous thromboses with pulmonary embolism.,DISCUSSION: , We are presented with a 36-year-old gentleman who has been in good health until this current event. He most likely has a hypercoagulable state and has bilateral pulmonary emboli. Most likely, the patient has also had emboli to his renal veins and it is causing renal vein thrombosis.,Interestingly, the urine protein was obtained which is not that elevated and I would suspect that it would have been higher. Unfortunately, the patient has been exposed to IV dye and my anxiety is that this too is contributing to his current problem.,The patient's urine output is about 30 to 40 mL per hour.,Several chemistries have been ordered. A triple renal scan has been ordered.,I reviewed all of this with the patient and his wife. Hopefully under his current anticoagulation, there will be some resolution of his renal vein thrombosis. If not and his renal failure progresses, we are looking at dialytic intervention. Both he and his wife were aware of this. ,Thank you very much for asking to see this acutely ill gentleman in consultation with you.