Clinical Report

Patient Information

- **Name:** Arthur Morgan
- **Date of Birth:** 11/20/1955
- **Age:** 69
- **Gender:** Male
- **Contact Information:** (555) 567-8901, arthur.m@email.com
- **Address:** 789 River Road, Anytown, USA

Referring Physician

- Dr. Sarah Jenkins, MD
- General Practitioner
- Anytown General Hospital

Medical Institution

- Anytown Nephrology Consultants
- **Report Date:** 07/18/2025

Clinical History and Background

Arthur Morgan is a 69-year-old retired construction manager referred to our nephrology practice for evaluation and management of worsening kidney function. Mr. Morgan has a significant and long-standing medical history of Type 2 Diabetes Mellitus (diagnosed 20 years ago) and Hypertension (diagnosed 15 years ago). His diabetes management has been challenging over the years, with his most recent HbA1c being 8.8%. His hypertension is currently treated with lisinopril and amlodipine. He also has hyperlipidemia treated with atorvastatin. He has a 30-pack-year smoking history but quit 10 years ago. He reports a gradual decline in his energy and overall well-being over the past year. Routine lab work by his PCP, Dr. Jenkins, has shown a progressive decline in his estimated Glomerular Filtration Rate (eGFR).

Current Symptoms & Patient-Reported Outcomes (PROs)

- **Fatigue:**
    - **Patient's Description:** "I'm just tired all the time. I used to enjoy working in my garden, but now I'm wiped out after 20 minutes. I feel weak and washed out."
    - **Severity:** Moderate to severe, significantly limiting his physical activity and daily routines.
    - **Duration:** Insidious onset, progressively worsening over the last 1-2 years.
    - **Clinical Note:** Fatigue in Chronic Kidney Disease (CKD) is multifactorial, often related to anemia, accumulation of uremic toxins, and poor nutrition.
- **Nocturia and Foamy Urine:**

    - **Patient's Description:** "I'm up three, sometimes four times a night to use the bathroom. It's ruining my sleep. I've also noticed the urine looks foamy, like soap bubbles."
    - **Severity:** The nocturia is causing significant sleep disruption.
    - **Duration:** Present for over a year.
    - **Clinical Note:** Nocturia reflects the kidney's loss of concentrating ability. Foamy urine is a classic sign of significant proteinuria.
- **Leg Swelling (Edema):**
    - **Patient's Description:** "By the end of the day, my ankles and shins are swollen. My socks leave deep marks. It's better in the morning but gets worse as the day goes on."
    - **Severity:** Moderate.
    - **Duration:** Worsening over the past six months.
    - **Clinical Note:** Peripheral edema is a sign of sodium and fluid retention due to declining kidney function.
- **Decreased Appetite and Nausea:**
    - **Patient's Description:** "Nothing really tastes good anymore. I feel a bit nauseous in the mornings, and I've lost my appetite. Food has a metallic taste to it."
    - **Severity:** Mild to moderate, but contributing to poor nutritional intake.
    - **Duration:** Onset over the past four months.
    - **Clinical Note:** These are early symptoms of uremia, the build-up of waste products in the blood.

Clinical Findings

- **Vital Signs:**
    - **Blood Pressure:** 155/90 mmHg (elevated despite medication)
    - **Heart Rate:** 80 bpm
    - **Respiratory Rate:** 18 breaths/min
    - **Weight:** 205 lbs (notes this is stable despite poor appetite, suggesting fluid retention).
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- **Physical Examination:**
    - **General:** Appears fatigued, with pale conjunctiva.
    - **Cardiovascular:** Regular rate and rhythm.
    - **Lungs:** Clear to auscultation.
    - **Extremities:** 2+ bilateral pitting edema extending to the mid-shin.
- **Laboratory Results:**
    - **Serum Creatinine:** 2.8 mg/dL (Baseline 1.5 mg/dL one year ago).
    - **Estimated Glomerular Filtration Rate (eGFR):** 25 mL/min/1.73m² (Normal > 60).
    - **Blood Urea Nitrogen (BUN):** 60 mg/dL (elevated).
    - **Urinalysis:** 3+ protein.

- **Urine Albumin-to-Creatinine Ratio (UACR):** 1500 mg/g (severely elevated, normal <30).
- **Complete Blood Count (CBC):** Hemoglobin 10.2 g/dL, Hematocrit 31% (normocytic anemia).
- **Metabolic Panel:** Potassium 5.2 mEq/L (high normal), Bicarbonate 20 mEq/L (low), Phosphorus 5.0 mg/dL (high).

Diagnosis

Mr. Morgan's clinical and laboratory findings confirm a diagnosis of **Chronic Kidney Disease (CKD), Stage 4** (eGFR 15-29 mL/min/1.73m²). The etiology is multifactorial but is predominantly due to long-standing, sub-optimally controlled diabetes and hypertension, leading to **Diabetic Nephropathy** and **Hypertensive Nephrosclerosis**. His condition is complicated by anemia of CKD, hyperphosphatemia, and metabolic acidosis.

Treatment Strategy

The treatment goals are to slow the progression of his kidney disease, manage the associated complications, and prepare him for the eventual need for renal replacement therapy.

1. **Slowing Progression:**
   - **Intensive Blood Pressure Control:** The target blood pressure is <130/80 mmHg. We will add a diuretic (e.g., furosemide) to his regimen to help with fluid overload and blood pressure. His lisinopril will be continued for its kidney-protective effects.
   - **Glycemic Control:** Will coordinate with his PCP to optimize his diabetes regimen, potentially including newer agents like SGLT2 inhibitors which have proven renal benefits. The target HbA1c is ~7.0-7.5%.
2. **Management of Complications:**
   - **Anemia:** We will initiate therapy with an Erythropoiesis-Stimulating Agent (ESA) and intravenous iron to treat his anemia of CKD, with a goal of improving his fatigue and energy levels.
   - **Mineral and Bone Disorder:** He will be started on a non-calcium-based phosphate binder (e.g., sevelamer) to take with meals to control his high phosphorus levels.
   - **Dietary Modification:** This is a critical component. He will receive an urgent referral to a renal dietitian for comprehensive education on a low-sodium, low-potassium, and low-phosphorus diet.
3. **Preparation for the Future:**
   - **Education:** We had a frank and thorough discussion with Mr. Morgan and his wife about the trajectory of his CKD. We introduced the concept of renal replacement therapy. He will be provided with detailed educational materials on all modalities, including hemodialysis (in-center and home), peritoneal dialysis, and kidney transplantation.

Summary and Plan

Mr. Arthur Morgan is a 69-year-old male with Stage 4 Chronic Kidney Disease driven by his long-standing diabetes and hypertension. He is now symptomatic from uremia and complications of CKD, including anemia and fluid overload. Our plan is to implement a multi-faceted medical and dietary regimen to slow further kidney damage and manage his symptoms. Crucially, we have initiated the education process for future renal replacement therapy, empowering him and his family to make informed decisions when the time comes.

Follow-up

He will follow up in the clinic in four weeks to reassess his blood pressure, volume status, and laboratory parameters after initiation of the new therapies. He will see the renal dietitian within the next two weeks. We plan to schedule him for a "Kidney Pathways" education class in the next two months to learn more about his future treatment options.