

Name: Bob Smith

Age: 62

Chief Complaint: I've been peeing less and less over the past few days

62-year-old Bob Smith presents to the emergency department with **progressively decreasing urine output**, generalized fatigue, and nausea over the past **4 days**.

He reports that his urine has appeared darker than usual but denies gross hematuria.

He also notes **new-onset flank discomfort bilaterally**, described as a dull ache without radiation.

He denies dysuria, urinary frequency, urgency, or suprapubic pain.

Two weeks prior to presentation, the patient was treated for **community-acquired pneumonia** with **oral amoxicillin-clavulanate**, which he completed 10 days ago.

He states that several days after starting the antibiotic, he developed a **diffuse pruritic rash** on his trunk and upper extremities that partially improved with over-the-counter antihistamines but never fully resolved. Around the same time, he began experiencing **low-grade fevers**, malaise, and decreased appetite.

He denies recent contrast exposure, trauma, vomiting, diarrhea, or excessive NSAID use, though he does report taking **ibuprofen intermittently** for chronic knee pain over the past several months.

He has no history of kidney disease. His baseline creatinine from a routine primary care visit 6 months ago was **0.9 mg/dL**.

Past medical history is notable for hypertension and osteoarthritis.

Medications include lisinopril, hydrochlorothiazide, and intermittent ibuprofen.

He has no known drug allergies documented prior to this episode.

Family history: Didn't know his parents since they died when he was young and he is unaware of any medical conditions they might have had. No brothers, sisters, or wife/partner.

He does not smoke.

He drinks alcohol socially – 1 or 2 beers on the weekends. He denies illicit drug use.

He has not been traveling anywhere recently.

He works as a Data Scientist.

