

Case Study 1

25 year old male presented to ED with weakness, fatigue, light-headedness.

He was in the sun all day at a concert and drank ~5 beers.

PMH includes: SLE, last flare ~5 months ago.

Meds: HTN well controlled on HCTZ. Reports taking Ibuprofen earlier today.

PE: Well nourished male, appears fatigued, Afebrile, A/o x 3; No edema or rash; BP sitting 98/52, pulse 98 and increases to 110 upon standing with BP that decreases to 90/44

Labs: BUN/Creat 21/1.1; K+ 5.0; HCO₃ 26,

Urine: FeNa: 1% ; UA: 1.025, pH 6.5, trace blood, trace protein, 3-5 hyaline casts, no RBC

Which of the following is the most likely diagnosis?

AIN

ATN

SLE nephritis

Pre-renal Azotemia

Post obstructive nephropathy