HPI

4:45 pm

Patient is a 53 year old women with hx of nephrolithiasis, HTN and HLD l POD 4 s/p cystoscopy, left ureteroscopy with lithotripsy, and left ureteral stent insertion presenting with persistent fever of approximately 38 degrees measured at home for 4 days. She states fever comes and goes improving with Tylenol worst when she just wakes up. Patient states she has taken Cefdinir for 2 days and was switched to augmentin by urology surgeon yesterday all without relief from fever. Patient also complains of associated right flank pain 5/10 unrelieved by Tylenol and worsened with movement or cough. The patient also reports persistent Hematuria, mild dysuria and abnormal smell in urine (unable to describe). Pt admits to nausea that comes and goes as well as body aches for the past 4 days. Pt also complains of dizziness and sweating associated with fever. Pt denies urinary frequency, oliguria, incontinence, discharge, chills, shortness of breath, chest pains.

PMHx:HTN, High Cholesterol, Nephrolithiasis

PSHx: D&C ectopic pregnancy 20 years ago

Meds:

- Augmentin
- Tamsulosin
- Tylenol

Fam Hx: Unknown

- Smoke: Denies
- Drugs: Denies recreational drug use
- Alcohol: Denies
- Functional Status: Independent

Allergies: No Known Allergies

Code status: Full Code

Review of Systems (ROS)

• Constitutional: Fever with associated dizziness, sweating. Denies chills, fatigue or weight change.

• Eyes: Denies blurry vision or eye pain.

• ENT: Admits to itchy sore throat. Denies hearing loss, tinnitus,

• Cardiovascular: Denies chest pain or palpitations

• Respiratory: Admits to mild cough that worsens flank pain with white sputum associated with ?. Denies shortness of breath, dyspnea, wheezing, haemoptysis.

• Gastrointestinal: Admits to abdominal tenderness. Denies vomiting, diarrhea, or constipation.

• Genitourinary: Admits to right flank pain and mild dysuria, Hematuria and “abnormal” smell of urine. Denies urinary frequency, oliguria, incontinence.

• Musculoskeletal: Admits to mild right flank pain and right upper lower quadrant pain as well as wholebody body aches. Denies and reduced range of motion or joint deformities.

• Skin: Denies rash or itching.

• Neurological: Admits to some dizziness when febrile. Denies Headaches and confusion

Objective

Vitals:

• BP: 145/100

• Pulse: 95

• Resp: 18

• Temp: 37 degree C

• SPO2: 95% Room Air

Physical Exam:

• General: Alert, cooperative, in mild discomfort with movement.

• Skin: Warm and dry. No cyanosis, jaundice, or rash.

• HEENT: Normocephalic. Pupils equal, round, and reactive to light. No scleral icterus Mucous membranes moist.

• Pulmonary: Lungs clear to auscultation bilaterally.

• Cardiac: Tachycardic but regular rhythm. No murmurs noted.

• Abdomen: Soft, non-distended. Tenderness to palpation noted across the abdomen worse upper left and lower left quadrant as well as pelvic region.No rebound or guarding.

• Musculoskeletal: +Mild Left CVA tenderness. Pain with movement.

• Neuro: A&Ox3. GCS: 15

Labs

Sodium Level	**138**	136 - 145 mmol/L
Potassium Level	**4.4**	3.5 - 5.1 mmol/L
Comments:		
Specimen Moderately to Severely Hemolyzed.		
Chloride Level	**100**	98 - 107 mmol/L
Anion Gap	**15**	5 - 17 mmol/L
Carbon Dioxide	**23**	22 - 29 mmol/L
Blood Urea Nitrogen	**11**	6 - 20 mg/dL
Creatinine	**0.59**	0.51 - 0.95 mg/dL
BUN/Creatinine Ratio Serum	**19**	10 - 20 Ratio
GFR estimate	**>90**	>=60 mL/min/1.73mˆ2
Comments:		
The estimated glomerular rate (eGFR) is determined by the 2021 CKD-EPI creatinine equation recommended by the National Kidney Foundation and the American Society of Nephrology's Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Diseases (JASN 2021; 32(12): 2994-3015).		
Glucose Level	**100**	74 - 106 mg/dL
Calcium Level Total	**9.2**	8.6 - 10.4 mg/dL
Resulting Agency	NYP QUEENS	

CBC:

White Blood Cell	**7.53**	4.80 - 10.80 10^3/uL
Red Blood Cell	**3.64 (L)**	4.50 - 5.20 10^6/uL
Hemoglobin	**11.1 (L)**	11.7 - 15.3 g/dL
Hematocrit	**32.1 (L)**	35.0 - 45.0 %
Mean Cell Volume	**88.2**	78.0 - 100.0 fL
Mean Cell Hemoglobin	**30.5**	26.0 - 34.0 pg
Mean Cell Hemoglobin Concentration	**34.6**	31.0 - 37.0 g/dL
Red Cell Distribution Width	**11.8**	11.5 - 14.5 %
Platelet	**190**	150 - 400 10^3/uL
Mean Platelet Volume	**10.1**	8.0 - 11.0 fL
Nucleated RBC Auto	**0.0**	/100 WBC's
Absolute NRBC	**0.00**	10^3/uL
Neutrophil Automated	**73.2**	37.0 - 80.0 %
Lymphocyte Automated	**18.3**	15.0 - 40.0 %
Monocyte Automated	**7.3**	3.0 - 10.0 %
Eosinophil Automated	**0.5**	<=5.0 %
Basophil Automated	**0.3**	<=1.0 %
Imm Gran %	**0.4**	<=1.0 %
Absolute Neutrophil Count	**5.51**	1.80 - 8.50 10^3/uL
Absolute Lymphocyte Count	**1.38**	0.80 - 3.50 10^3/uL
Absolute Monocyte Count	**0.55**	0.20 - 0.90 10^3/uL
Absolute Eosinophil Count	**0.04**	<=0.60 10^3/uL
Absolute Basophil Count	**0.02**	<=0.30 10^3/uL
Imm Gran Abs	**0.03**	<=0.10 10^3/uL

Urinalysis:

Urine Color	**Brown (A)**	Yellow
Urine Appearance	**Turbid (A)**	Clear
Urine Glucose (Urinalysis)	**Negative**	Negative mg/dL
Urine Bilirubin	**Negative**	Negative mg/dL
Urine Ketones	**Negative**	Negative/Trace mg/dL
Urine Specific Gravity	**1.007**	1.005 - 1.029
Urine Blood	**Large (A)**	Negative/Trace
Urine pH	**7.0**	5.0 - 8.0
Urine Protein	**70 (A)**	<30 mg/dL
Urine Urobilinogen	**<2.0**	<2.0 mg/dL
Urine Nitrite	**Negative**	Negative
Urine Leukocyte Esterase	**Large (A)**	Negative/Trace

Urine RBC	**148 (H)**	0 - 2 /HPF
Urine WBC	**29 (H)**	0 - 5 /HPF
Urine WBC Clumps	**Rare (A)**	None /HPF
Urine Bacteria	**Rare (A)**	Negative /HPF
Urine Squamous Epithelial Cells	**Rare**	None /HPF
Resulting Agency	NYP QUEENS	

Assessment

53-year-old female, POD 4 s/p left cystoscopy, ureteroscopy with lithotripsy, and left ureteral stent insertion. Presents with recurrent intermittent fevers (T-max 38°C) currently afebrile, with flank pain, cva tenderness, left abd and pelvic tenderness and nausea. Patient has tried to manage the past 4 days with Cefdinir and Augmentin without improvement. UA is highly inflammatory (Turbid/Brown, Large LE, 29 WBC/hpf, 148 RBC/hpf), confirming a post-operative upper tract infection.

Differential Diagnosis (DDx):

1. Acute Pyelonephritis (Post-op): Primary suspicion; likely a resistant organism (e.g., ESBL) introduced via retrograde irrigation during surgery, explaining failed oral therapy. Or maybe just needs more time with antibiotics.

2. Obstructed sent/malposition steny: Stagnant, infected urine behind a potentially obstructed stent (clot/stone fragment); explains morning fever spikes and turbid urine.

3. Perinephric Abscess: Potential complication of forniceal rupture during pressurized irrigation; explains persistent fevers despite broad-spectrum antibiotics.

Plan

1. Diagnostics & Workup

• Imaging: CT Abdomen/Pelvis (non-contrast) to rule out abscess, hydronephrosis, or stent malposition.

• Microbiology: Obtain Blood Cultures (x2) and Urine Culture/Sensitivity immediately to guide antibiotic escalation.

• Labs: Monitor CBC for leukocytosis and BMP for baseline renal function.

2. Therapeutics

• IV Antibiotics: Discontinue Augmentin; start IV Ceftriaxone 1g daily (pending cultures).

• IV Fluids: 1L Normal Saline bolus followed by maintenance (75cc/hr) to ensure stent patency and renal perfusion.

• Symptom Management: Scheduled Tylenol 650mg Q6H for fever; PRN IV Zofran for nausea.

3. Disposition & Consults

• Admit to Medicine for IV antibiotics and source control; outpatient management has failed.