January 7th Objectives

9:40 - 10:25 - Hematuria/stones, Dr. Dahl

1. Define asymptomatic microscopic hematuria and give a differential diagnosis.
2. Know the percentage of patients with microscopic hematuria and gross hematuria that have urinary tract malignancy.
3. Explain why a urine dipstick positive for blood is inadequate to diagnose hematuria. What things other than hematuria can a urine dipstick positive for blood mean? Describe reasons for a false negative dipstick test and a false positive dipstick test.
4. Describe the five categories of kidney stones and their prevalence.
5. Know the clinical presentation and evaluation of the patient with suspected kidney stone, and its medical management and role of the urology consultant in the management of kidney stones.

10:25 – 11:10 – Urinalysis cases, Dr. Dahl

1. Describe the appropriate urine specimen collection and storage in ambulatory patients and hospitalized patients with Foley catheters in order to accurately interpret the urinalysis.
2. List the possible causes of urine that is cloudy, orange, brown, or red.
3. Complete the urinalysis table:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Normal value | High  (causes) | Low value (causes) |
| Specific gravity | 1.003-1.030 | Dehydration  Glycosuria  SIADH | Well hydrated  Diuretic use  Diabetes insipidus |
| pH | 5.5-6.5 |  |  |
| RBC/hematuria | 0-2/HPF |  |  |
| Proteinuria | <150 mg/24 hours |  |  |
| Albuminuria | <30 mg/24 hours |  |  |
| Glucosuria | None |  |  |
| Ketonuria | None |  |  |
| Nitrites | None |  |  |
| Leukocyte esterase | None |  |  |

1. Describe the conditions associated with the following urine casts: Hyaline, Erythrocyte, Leukocyte, Epithelial, Granular, Fatty.

11:30 – 12:15 –Renal Transplant, Dr. Khurana

1. What are the 1-year patient and graft survival probabilities for cadaveric and living donor kidney transplants?
2. Name the common immunosuppressive agents used in kidney transplant. What are the targets of these medications? What are some common adverse effects of the medications?
3. Name the principal causes of renal allograft loss beyond the first post transplantation year. What is the leading cause of death?
4. Name some treatments for acute humoral and cellular transplant rejection. List the Banff grading system and findings for each grade.
5. When does CMV disease usually manifest? What are the clinical and laboratory findings associated with it? What is the treatment?