

EXAMINATION

1. The patient is a 45-year-old male with a long history of hypertension and diabetes mellitus. He presents with a 2-week history of increasing weakness and fatigue, particularly in the lower extremities. He also reports frequent urination and excessive thirst. His medical history is significant for a recent myocardial infarction and chronic kidney disease (stage 3). He is currently on lisinopril, metoprolol, and insulin glargine. His physical examination is notable for tachycardia, mild edema, and normal neurological findings. Laboratory studies show a hemoglobin of 10 g/dL, serum sodium of 125 mEq/L, serum potassium of 3.5 mEq/L, serum creatinine of 2.5 mg/dL, and a random serum glucose of 250 mg/dL. Urinalysis reveals glycosuria and proteinuria.

QUESTIONS

1. What is the most likely diagnosis in this patient?
2. What are the pathophysiologic mechanisms underlying the patient's symptoms and laboratory findings?
3. What is the most appropriate initial management for this patient?

ANSWERS AND DISCUSSION

KINGSTON



ANSWERS AND DISCUSSION