

# Presentation of renal diseases

*A short introduction to how kidney diseases come to attention, and what to look for. 45 mins.*



*Neil Turner, Professor of Nephrology. Part of the Renal/Urology in the Edinburgh MBChB.*

What's new? There are some extra Qs to ask when taking a history. For examination, there are only a few additional features to add to what you've already covered in general examination, plus the examination of the cardiovascular system and abdomen. In addition to the text and video below, look at the handout (foot of page), and how you are expected to record findings in your proforma. Don't forget urine dipstick findings.

## Symptoms

Most kidney diseases create few specific symptoms until late. And often the most prominent signs are through upset fluid balance, which becomes apparent in the general examination and cardiovascular system.

## How does renal disease present?

**Urinary symptoms** are a common reason for GP consultations. UTI is common in infants and the elderly, and at other ages more common in women. Problems with continence are common in children, and in older men (prostate gland enlargement in particular) and women (bladder dysfunction in particular); there are uncommon but important neurological causes too. But for a nephrologist concerned about loss of kidney function altogether, symptoms match severity quite poorly. (8.20 mins)

## How do you spot/ identify renal disease?

When it creeps up over a period, even advanced chronic renal impairment may be virtually asymptomatic. Diseases not causing those symptom clusters are often

identified through tests. (10.20 mins)

## How to examine

Principles (4 mins). Remember that the kidneys are far back in the abdomen.

## Fluid imbalance and other signs

Fluid (= salt and water) overload is common. It can look like heart failure: beware 'hypertensive heart failure' - check renal function. (4.59 mins)

## Examination video

7 min abbreviated version including highlights from previous antique video are viewable if you have a UoE login.



[\(click to view - UoE login required\)](#)

## Further info

- **Haematuria** and **Proteinuria** in the edrep textbook ([edrep.org/textbook](http://edrep.org/textbook)). (Don't forget [Schistosomiasis](#)). The [textbook](#) has pages also on [UTI](#).
- Our website [edren.org](http://edren.org) has detailed info for patients at [edren.org/info](http://edren.org/info). These give more than enough info for students about most renal conditions.
- **[Assessment of JVP \(advanced\)](#)** An important element of clinical examination, but difficult to learn. Practice everywhere, including in your

renal attachment, as you'll see JVPs at all levels there.

## And also

### **Peter Lundin (1944-2001), physician-patient role model**



Peter Lundin became a medical student only after developing end stage renal failure as an undergraduate at Stanford in the 1960s. He was accepted for treatment in Seattle in the very early days of long-term dialysis in 1966 - before it was even certain that it could be a long-term treatment. Medical schools were very reluctant to admit him. According to Geoffrey Berlyne, Dr Eli Friedman pressed his arguments and became his mentor. Lundin then became a nephrologist while spending most of the rest of his life also as a dialysis patient; 30 years on haemodialysis and 5 transplanted. He was *'empathic with the patients to such a degree as to be a major influence on his colleagues ... He was an extreme optimist, a man of great faith, and a few minutes conversation with him was enough to blow away doubts and despair in the vast majority of his patients and colleagues.'* (GM Berlyne 2001).

His account of the symptoms of uraemia, evidenced by his experience of too little dialysis, is included in some of the clips above.

- [The record holders](#) - long term survival with renal replacement therapy (History of Nephrology blog)
  - Peter Lundin's [obituary in NDT](#) by Eli Friedman (source of photo)
- Belding Scribner's brief account [two remarkable physicians](#) (2003; link to pdf)