



3/13/26 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter:Glen (@) Case Discussants:Rabih (@rabihmgeha) & Anmolpreet (@anugrewal19)
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Ram and Kevin)

CC: 62 Y F p/w dysuria, cloudy urine, and urinary incontinence.

HPI:

Symptoms have occurred over 4–5 days. Over the past 2 days she developed - Confusion and blurry vision, felt unsafe driving Gait disturbance noted by coworkers. Slurred speech noted the day prior to presentation.

ROS:

Denies numbness, tingling, bowel incontinence, falls, fever, or chills, though has felt cold at times.

PMH:

Hypertension
Bipolar II disorder
Hypothyroidism
Recurrent UTIs: last episode 9 months ago
Charcot foot: Surgery to ankle
Lumbar fusion

Meds:

Lithium
Venlafaxine
Risperidone
Losartan
Levothyroxine
Meloxicam
Lidocaine patches

Fam Hx:

Social Hx:

Lives at home with husband and children.
Works in healthcare.
Ambulates independently.
(occasionally cane use - Charcot ankle)

Health-Related Behaviors:

Never smoker; no current alcohol use; denies drug use

Allergies:

Nil

Vitals: T: Afebrile HR:80 BP: 112/75 RR:18 Sat:96% RA

Exam: Gen: AAOx3

HEENT: nl CV: nl Pulm: nl

Abd: soft, non tender, no organomegaly

Neuro: Slurred speech, word-finding difficulty

No focal motor or sensory deficits, No neck rigidity

Extremities/skin: nl

Notable Labs & Imaging:

Hematology:

WBC: 23.7 (92% N) Hgb:13.1 Plt:299

Chemistry:

Na:136 K:4.3 Cl:100 HCO3:21 Cr:1.6 (baseline 0.8) BUN:24

Glucose:123 Ca:9.5 AST:nl ALT:nl Alk-P:nl TSH: nl

UA: Turbid, * Leukocyte esterase 500, nitrite 2+, Protein 2+, blood 2+ RBC 26–50/hpf; WBC too numerous to count; few bacteria

VBG: pH 7.35 / pCO2 43, Lactate 1.6, Ammonia normal

Microbiology:

Blood cultures: 2/2 E. coli (pan-susceptible); Urine culture: E. coli (pan-susceptible)

Lithium level: 2.18 mmol/L on presentation (upper limit 1.2)

Imaging:

CT head: No acute intracranial abnormality

CTA head/neck: No significant stenosis or occlusion

Dx: Chronic lithium toxicity in the setting of renal dysfunction from pyelonephritis

Problem Representation: A 62 year old woman, with a past medical history of hypertension, bipolar II disorder, hypothyroidism and recurrent UTIs and notable medication with Lithium, presents with dysuria, cloudy urine and urine incontinence for four to five days accompanied by several neurological symptoms such as blurry vision, confusion, dysarthria and gait disturbance.

Teaching Points (Sana & Lera):

•Elderly female w. Dysuria → consider genitourinary syndrome of menopause

Urinary incontinence overflow (m/c variant in UTI, BPH) vs **urge vs stress UI**

+ **Neurological symptoms:** CVS connecting both organ systems: **Quantitative** (sepsis) vs **Qualitative** (substance) >> primary neuro issue

→ consider the blood as a “bridge” between two affected organ systems.

•NSAIDS + Losartan w. Lithium → concerning for Li toxicity (d/t increased renal reabsorption).

•Dysarthria - prioritize toxic metabolic syndrome -seek Li levels.

•Empiric Mx in the presence of leukocytosis - Abx + i/v fluids + USG abd+pelvis + Li levels.

Fun Fact: Subacute Li toxicity can cause neutrophilia. Steroids can also do this.

•WBC count ∝ likelihood of deeper infection → lower threshold for CT to localize site of UTI.

Bacteremia VS Sepsis:

Sepsis = Body's response to bacteremia.

•Deeper infections - more likely to cause sepsis due to bacteremia.

•Sneaky organisms that hide and manifest as sepsis only when the titres are through the roof - Enterococcus and Coagulase -ve Staphylococcus.