

**Case 1:**

An 82-year-old female resident displayed the following signs: High fever for 24 hours; lethargy past 2 days; cloudy, foul-smelling urine; and dysuria. Urinalysis microscopic exam and culture sensitivity were ordered.

*Urinalysis Report:*

**Macroscopic Analysis**      **Normal**      **Date: 06/16/03**

Color	Pale yellow-amber	Yellow
Clarity	Clear to slightly hazy	Cloudy *

**Urine chemistries**

Specific gravity	1.005–1.030	1.0–2.0 *
Glucose	Negative	Negative
Ketones	Negative	Negative
pH	5.0–8.0	8.5 High
Protein	Negative	30 *
Blood	Negative	Small *
Bilirubin	Negative	Negative
Urobilinogen	0.2–1.0 EU/dL	0.2
Nitrite	Negative	Pos *
Leukocyte ester	Negative	Small

**Microscopic examination**

BACT/hpf	None	4+ *
WBC/hpf	0–2	50–100
RBC/hpf	0–2	2–5 *

\* = abnormal, HPF = high-powered field, LPF = low-powered field, NEG = negative, BACT = bacteria, WBC = white blood cells, RBC = red blood cells, SPEC = specific (as in specific gravity), POS = positive, TRC = trace, ABN = abnormal, EU = Ehrlich units, MIC = minimum inhibitory concentration (the lowest concentration of the antibiotic that inhibits the organism's growth), S = sensitive or susceptible, R = resistant, TMP-SMX = trimethoprim sulfamethoxazole

1. What is the diagnosis and treatment for this patient? Why?

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2. What accounts for the clarity of the sample in the chemical and microscopical examination?

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3. Comment on each abnormal parameter (*explanations*).

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