

Understanding Health Information-Health

The signs and symptoms of renal insufficiency may be similar to those of renal failure, depending on the degree of kidney involvement. If your patient's kidneys lose the ability to concentrate urine, he may develop polyuria and nocturia. If his renal disease is untreated and renal failure progresses, he may develop oliguria. His urine may have a low specific gravity and a high sodium concentration. Also, it may be bloody or tea colored and contain casts and high concentrations of red blood cells (RBCs) and white blood cells (WBCs).

Your patient may have a low serum sodium level because of his kidneys' inability to reabsorb sodium. He also may have a low serum calcium level caused by reduced renal absorption. And his serum potassium and phosphate levels may be elevated because of reduced renal excretion of potassium and phosphate.

If he has elevated blood urea nitrogen (BUN) and creatinine levels, his renal disease may result in azotemia. If his kidneys lose their ability to produce erythropoietin, he may become anemic.

Your patient's renal disease also may cause signs in other body systems. He may have jugular vein distention, a full and bounding pulse, peripheral edema, pulmonary edema, and heart failure. He may show signs of metabolic acidosis, including Kussmaul's respirations. And he may develop anorexia, nausea, vomiting, diarrhea, lethargy, and difficulty concentrating.

Signs and Symptoms of Peripheral Vascular Disease

In the early stages of peripheral vascular disease, your patient may experience pain in the calves or buttocks when walking, depending on the level of the vascular occlusion. Usually, this pain, called claudication, disappears with rest.

You can determine the level of the occlusion by palpating the patient's peripheral pulses. If his femoral pulse is diminished, he may have aorto iliac disease. If his popliteal pulse is absent, he may have a femoral-arterial occlusion.

As the disease progresses, the pain will increasingly limit a patient's activity, and he'll feel pain at rest. The pain may disrupt his sleep, causing him to sleep with his legs in a dependent position. However, this position further compromises venous return, decreasing blood flow to his legs.

He also may experience numbness and tingling caused by ischemic nerve tissue in the affected leg. The skin of the affected leg may be hairless, cold to the touch, dry, and shiny. The toenails may be hypertrophied. When the affected leg is elevated, it may be pale. When it's in a dependent position, it may be ruborous (deep red-blue-purple).

If peripheral vascular disease results in severe ischemia, painful ulcers may form at pressure sites and over bony prominences, such as the heel, ankle, toes, and dorsum of the foot. Usually, these ulcers are round, well circumscribed, and pale gray. They also may be covered with black eschar.

About the Author

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