

XIX. Diseases of the Urinary System

N.B.4:

1. Blood, when mainly **at beginning** of micturition = Prostatic or urethral causes.
2. Blood equally **throughout micturition** = Renal or severe vesical causes.
3. Blood mainly **at end** of micturition = Vesical origin specially Bilharzia, calculus or tumour.
4. Blood is **profuse** = Calculus or tumour (often in elderly persons).
5. Blood is **not so profuse** = Tuberculosis (specially so in young persons),

Clinico-Pathologic Correlation of some Urinary Manifestations

<i>Clinical Features (complaint)</i>	<i>Pathological Basis</i>		
	<i>Kidney</i>	<i>Bladder</i>	<i>Urethra</i>
<i>Haematuria</i>	Blood is intimately mixed with the urine → smoky colour	Blood at end of urination and may contain clots	Blood at the beginning of urination and is bright red
<i>Pyuria</i>	Pus is chiefly at end of micturition. Urine is acid in reaction	Pus is intimately - mixed with fresh urine. Urine is alkaline in reaction	Pus is chiefly at beginning of micturition. Urine is acid
<i>Painful and frequent micturition</i>	Pyelonephritis Tuberculosis Calculi	Cystitis Bilharziasis Tuberculosis Calculi	Posterior urethritis (gonorrhoeal)