

Answers: Assessment of Renal function

1. C: all the other factors reduce the comparative muscle mass or raise the GFR, both of which lower serum creatinine
2. C. Increased catabolism from corticosteroids leads to muscle wasting (chronic use) and elevated BUNs in the acute setting.
3. C. Inulin clearance is the most precise, but is rarely used clinically because it requires an IV infusion and laborious collection of urine in a lab setting.
4. D. This is the only one that does not require urine timed collections, and is reasonably accurate.
5. C: The creatinine excretion rate at steady state is only a function of muscle mass. As GFR falls, the creatinine excreted initially falls as well, but the serum creatinine rises, so at steady state the filtered load of creatinine has increased to exactly balance the decreased GFR. Since creatinine excretion is filtered load  $\times$  GFR, the result is no change.