

**Harvard Medical School Department of  
Continuing Education and the Renal Division  
of Brigham and Women's Hospital**



***Nephrology Rounds***  
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**Diagnosis and Management of Stone Disease**

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**Objectives**

This issue of *Nephrology Rounds* will help readers to:

- review salient features of the diagnosis and treatment of urolithiasis.
- review essential elements of the metabolic evaluation of the patient with stone disease.

**Questions:**

1. The absence of red cells in the urine excludes the diagnosis of symptomatic urolithiasis.  
True       False
2. Helical computed tomography without contrast is the preferred imaging modality in the patient with suspected urolithiasis.  
True       False
3. Extracorporeal shock wave lithotripsy (ESWL) is most effective for smaller, more proximal calcium stones.  
True       False
4. The 5-year recurrence rate for calcium urolithiasis may be as high as 50%.  
True       False
5. If a stone has been retrieved and the composition is known, a 24-hour urine collection contributes little to the subsequent treatment plan.  
True       False
6. Serum levels of intact parathyroid hormone (PTH) should be measured in all calcium stone formers.  
True       False

7. Two 24-hour urine specimens collected at least 6 weeks after an acute stone episode are necessary for a complete metabolic evaluation.

True       False

8. Supplemental calcium must be discontinued in all calcium stone formers.

True       False

9. High levels of dietary sodium can counteract the effect of a thiazide diuretic on the urinary excretion of calcium.

True       False

10. Alkali supplementation is the most effective treatment for pure uric acid stones.

True       False

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