

Hyperphosphatemia

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FOR MORE

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- ▶ Basophilia
- ▶ Decreased Total Thyroxine
- ▶ Eosinophilia
- ▶ Epistaxis
- ▶ Hyperkalemia
- ▶ Hypoalbuminemia
- ▶ Hypcholesterolemia
- ▶ Hypoglycemia
- ▶ Hypokalemia
- ▶ Increased & Decreased Blood Urea Nitrogen
- ▶ Increased & Decreased Creatinine
- ▶ Increased Total Thyroxine
- ▶ Neutropenia
- ▶ Panting
- ▶ Regurgitation

Following are differential diagnoses, listed in order of likelihood, for patients presented with hyperphosphatemia.

- ▶ Pseudohyperphosphatemia
 - In vitro hemolysis
 - Hyperglobulinemia due to monoclonal gammopathy
- ▶ Physiologic response
 - Mild increase (normal in young animals)
 - Mild postprandial increase
- ▶ Decreased renal excretion
 - Decreased glomerular filtration rate (prerenal, renal, or postrenal)
 - Uroabdomen
 - Primary hypoparathyroidism
 - Hyperthyroidism
 - Acromegaly
- ▶ Increased GI absorption
 - Hypervitaminosis D (eg, cholecalciferol or calcipotriene toxicity)
 - Granulomatous disease
 - Phosphate enemas
 - Phosphate-containing urinary acidifiers
 - Devalitized intestine
- ▶ Transcellular shift (intracellular to extracellular fluid)
 - Metabolic acidosis
 - Myopathies
 - Arterial thromboembolism
 - Acute tumor lysis syndrome
- ▶ Xylitol toxicosis*

References

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*Although patients may initially be hypophosphatemic due to increased insulin within the first 12 hours, liver failure-associated hyperphosphatemia can occur due to an unknown mechanism and has been associated with a poor prognosis.