

<p>Patient name Mrs. Susan Miller</p> <p>Date of Birth 19/05/1965</p> <p>Gender Female</p> <p>NHS Number UT17583</p> <p>Hospital ID L33T707</p> <p>Patient Address</p> <p>Patient address: 42 Placebo Place, Giggleswick, London</p> <p>Patient email address</p> <p>p.worrier@email.com</p> <p>Patient telephone number: (310) 555-0186</p>	<p>Attendance Details</p> <p>Date of appointment/contact: 22/08/2025</p> <p>Contact Type: GP referral</p> <p>Consultation method Face-to-face</p> <p>Seen by Dr Amir Khan, Consultant Urologist</p> <p>Outcome of patient attendance</p> <p>The patient was counselled regarding the diagnosis of right-sided Xanthogranulomatous Pyelonephritis (XGP). She has been listed for an elective right nephrectomy and will be scheduled for a pre-operative assessment clinic review. In the interim, she is to complete a 4-week course of Ciprofloxacin</p>
	<p>GP Practice Details</p> <p>GP practice identifier: G60606</p> <p>GP name: Dr. Alistair Quibble</p> <p>GP details: The Aching Arms Practice, 1 Remedy Lane, Giggleswick, London</p>

Dear Dr. Quibble,

RE: Mrs. Susan Miller, DOB 19/05/1965

Diagnoses: Right-sided Xanthogranulomatous Pyelonephritis (XGP) Associated Staghorn Calculus

History Mrs. Miller was referred to our clinic for investigation of recurrent urinary tract infections and persistent right flank pain. She describes a two-year history of culture-positive UTIs, treated with multiple courses of antibiotics in the community. Over the last three months, she has developed a constant, dull ache in her right flank, accompanied by malaise, low-grade fevers, and an unintentional weight loss of 5 kg.

Examinations BP: 130/85 mmHg, Temp: 37.8°C, Weight: 65 kg. Abdominal exam: A firm, tender mass was palpable in the right flank.

Investigations to date Urine culture: Grew *Proteus mirabilis*. Bloods: Raised inflammatory markers (CRP 120 mg/L), neutrophilia. Renal function: eGFR 65 mL/min (stable). CT Urogram: Revealed a large, non-functioning right kidney containing a staghorn calculus. The renal parenchyma was replaced by multiple low-density fluid collections, consistent with the classic "bear paw" sign of XGP. The left kidney was unremarkable.

Clinical summary The combination of recurrent *Proteus* UTIs, a palpable renal mass, and the pathognomonic CT findings are diagnostic of Xanthogranulomatous Pyelonephritis. This is a rare, severe, and destructive form of chronic inflammation which has rendered her right kidney non-functional. The definitive treatment is surgical removal.

Allergies and adverse reactions: None known.

Changes to medications and medical devices

- To complete a 4-week course of targeted Ciprofloxacin based on urine culture sensitivities.
- No other long-term medication changes at present.

Actions for healthcare professionals

- List for an elective right nephrectomy.
- Arrange pre-operative assessment clinic review.

Actions for patient or their carer

- Complete the full course of prescribed antibiotics.
- Report immediately if she develops high fevers or worsening pain.

Information and advice given Provided a detailed explanation of the diagnosis of XGP and the rationale for surgery. A nephrectomy information leaflet was also provided.

Yours sincerely,

Dr. Amir Khan Consultant Urologist