

<b>Patient Name:</b> Mr. Evelyn Waugh <b>Date of Birth:</b> 25/10/1999 <b>Gender:</b> Male <b>NHS Number:</b> MM87736 <b>Patient Address:</b> 1934 Dickens Dell, Brazil Bay, Auckland <b>Patient Email Address:</b> william.boot.not.john@email.com	<b>Attendance Details</b> <b>Date of appointment/contact:</b> TBD <b>Contact Type:</b> Referral <b>Consultation method:</b> Face-to-face <b>Seen by</b> TBD <b>Outcome of patient attendance</b>
<b>Patient Telephone Number:</b> (310) 555-6943	<b>GP Practice Details</b> <b>GP practice identifier:</b> B77277 <b>GP name:</b> AB. Cees <b>GP Address:</b> Clinica Fessus Omni Tempore Clinic, 27 Takahē Rise, Shepherd's Reach, Auckland

Dear Urology Team,

**RE: Mr. Evelyn Waugh, DOB 25/10/1999**

**Diagnoses:** Recurrent Urinary Tract Infections; Persistent non-visible haematuria; Atypical bladder lesions on imaging.

**History** I am referring Mr. Waugh, a 25-year-old man with well-controlled Type 2 Diabetes, for assessment of refractory urinary symptoms. Over the past year, he has had four episodes of culture-positive *E. coli* urinary tract infections, all treated appropriately. Despite this, he continues to have persistent moderate lower urinary tract symptoms, including urinary frequency and urgency, even between infections.

**Examinations** His abdomen is soft and non-tender. There is no suprapubic tenderness. He is systemically well, afebrile, and his vital signs are stable.

**Investigations to date** His renal function is stable with an eGFR of 75 mL/min/1.73m<sup>2</sup>. Urinalysis consistently shows non-visible haematuria (20-50 RBCs/hpf) and pyuria (WBCs >10/hpf), even during periods when he is asymptomatic and his urine culture is negative.

Due to these persistent findings, a CT urogram was arranged. This was reported as follows: "The kidneys and ureters are unremarkable with no evidence of obstruction or filling defects. Within the bladder, particularly at the trigone, there are several sessile, soft-tissue plaques noted. These lesions appear yellowish and slightly raised, measuring up to 1.5 cm. The appearance is atypical for transitional cell carcinoma and is suggestive of an unusual chronic inflammatory or depositional process."

**Clinical summary** Mr. Waugh presents a diagnostic puzzle. He has symptoms of chronic cystitis with persistent haematuria and pyuria, but the imaging reveals distinct lesions that are not typical of a simple infection or malignancy. I would be grateful for your specialist opinion and consideration for cystoscopy and biopsy to establish a definitive diagnosis.

**Allergies and adverse reactions:** None known.

**Current medications and medical devices** Metformin 500mg BD.

Yours sincerely,

Dr. AB. Cees General Practitioner