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Dr. Laura Graham, Consultant Urologist [urologydept@eastfieldhc.nhs.uk](mailto:urologydept@eastfieldhc.nhs.uk)

<b>Patient demographics</b>  Patient name            Ms. Chloe (Clo) Evans Date of birth            12/03/1985 Gender                  Female NHS number            998877665 Hospital ID            UR99887 (01234) 776655 Patient address                7 Meadow Road, Eastfield, ME3 8JJ  Patient email address <a href="mailto:chloe.evans@email.com">chloe.evans@email.com</a>  Patient telephone number 077 6666 111	<b>Attendance details</b> Date of appointment/contact 20/05/2025 Contact type            First appointment Consultation method        Face-to-face Seen by                  Dr. Laura Graham, Consultant Urologist  Outcome of patient attendance Arrange non-contrast CT KUB to assess for suspected renal stone.  <b>GP Practice details</b>  GP practice identifier        E555555 GP name                  Dr. Simon Lee GP details                  Eastfield Medical Centre, 5 Meadow Road, Eastfield, ME3 9LL, (01234) 554433
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Dear Dr. Simon Lee,

**Diagnoses:**

Right flank pain – likely renal colic

**History**

Ms. Evans presented with sudden-onset severe right flank pain radiating to the groin, lasting several hours and associated with nausea. Pain resolved with NSAIDs. She denies fevers, vomiting, dysuria, or visible haematuria. This is her first episode of suspected

renal colic. She has no family history of renal stones and denies metabolic conditions such as gout.

### **Examinations**

Vital signs: afebrile, HR 88, BP 122/78. Abdominal examination showed right loin tenderness without guarding or rebound. No palpable masses. No CVA tenderness on percussion.

### **Clinical summary**

Presentation is highly suggestive of renal colic, most likely secondary to ureteric calculus. CT KUB is required to confirm diagnosis, stone size, and location, and to guide management. Patient has been counselled on possible interventions depending on stone size and progression.

### **Investigations to date**

Urinalysis: Microscopic haematuria present.

Pregnancy test: Negative.

Renal function: Urea and electrolytes within normal range.

CBC: No leucocytosis.

**Allergies and adverse reactions:** No Known Drug Allergies.

### **Changes to medications and medical devices**

- Prescribed Diclofenac 50 mg TDS for pain as required.
- Prescribed Tamsulosin 400 mcg nocte for 14 days to aid stone passage.

### **Actions for healthcare professionals**

Arrange CT KUB within 1 week and forward results to urology team.

### **Actions for patient or their carer**

Maintain hydration, strain urine to attempt stone capture, and seek urgent help if pain uncontrolled or fever develops.

### **Information and advice given**

Provided renal colic leaflet and discussed lifestyle modifications including reducing salt intake, adequate hydration, and moderation of oxalate-rich foods. Advised to bring in any passed stone for analysis.

Yours sincerely,

Dr. Laura Graham  
Consultant Urologist

Date: 20/05/2025

Time: 10:05

Distribution list:

Ms. Chloe Evans (patient)

Dr. Simon Lee (GP)

Radiology Department, Eastfield Health Centre