

Patient Name: Mr. David Chen Date of Birth: 25/10/1980 Gender: Male NHS Number: IR89736 Patient Address: 15 Nikau Dell Drive, Remuera, Auckland Patient Email Address: d.chen80@email.com	Attendance Details: Date of appointment/contact: TBD Contact Type: GP referral Consultation method: Face-to-face Seen by Outcome of patient attendance
Patient Telephone Number: (310) 555-0163	GP Practice Details GP practice identifier: A81007 GP name: Dr. Eleanor Vance GP Address: The Pro Re Nata Medical Centre, Kākāpō Lane, Mount Eden, Auckland

Dear Urology Team,

RE: Mr. David Chen, DOB 25/10/1980

Diagnoses: Incidental, stable left renal lesion (likely Angiomyolipoma).

History Mr. Chen was referred for an abdominal CT scan in July of last year for non-specific abdominal discomfort, which has since fully resolved. The scan incidentally identified a small lesion on his left kidney. He is entirely asymptomatic from a urological standpoint, with no history of haematuria, flank pain, or lower urinary tract symptoms.

A follow-up scan was performed six months later, as recommended by the reporting radiologist, which confirmed the lesion was unchanged.

There is a significant degree of patient anxiety surrounding this finding due to a strong family history of Autosomal Dominant Polycystic Kidney Disease (his father and sister are both affected). While we have explained that this lesion does not appear cystic in nature, he is keen to have a specialist opinion on a long-term plan.

Examinations BP: 125/80 mmHg, Weight: 82 kg. Abdominal examination is unremarkable; soft, non-tender, with no palpable masses. He appears well.

Investigations to date CT Abdomen (July 2024): A 1.4 cm, well-circumscribed lesion was noted in the upper pole of the left kidney. It contains areas of low attenuation, with

Hounsfield Units measuring approximately -80, consistent with macroscopic fat. The features are highly suggestive of an angiomyolipoma. The right kidney and adrenal glands are normal. **Follow-up CT (Feb 2025):** The left upper pole renal lesion is stable in size and appearance. **Bloods (Aug 2025):** Renal function is normal, with an eGFR of >90 mL/min/1.73m².

Clinical summary This 44-year-old gentleman has an asymptomatic, incidentally discovered, and radiologically stable small renal lesion, consistent with an angiomyolipoma. Given the stability and classic features, I am hopeful this simply requires monitoring. I would be grateful for your assessment and advice regarding the appropriate long-term surveillance strategy for him, particularly to provide him with specialist reassurance given his family history concerns.

Allergies and adverse reactions: None known.

Current medications and medical devices Takes no regular medications.

Actions for healthcare professionals For your review and consideration for routine outpatient appointment.

Actions for patient or their carer Advised to continue monitoring for any new symptoms such as flank pain or blood in the urine.

Information and advice given We have explained that the finding is likely benign and has not changed over six months, which is a reassuring feature.

Yours sincerely,

Dr. Eleanor Vance General Practitioner