


KINGDOM OF SAUDI  وزارة الصحة Ministry of Health Maternity and Children's-HAIL مستشفى الولادة والاطفال حائل	MRN: 0250080 Name: نايف احمد محمد العتيبي Nationality: السعودية Age: 07M-19D Date of Birth: 18-10-2022 Gender: MALE ID: 1207860295	0250080 Naif Ahmed السعودية 07M-19D 18-10-2022 نكر ١٢٠٧٨٦٠٢٩٥	رقم الملف الاسم: الجنسية: العمر: تاريخ الميلاد: الجنس: السجل المدني:
	MEDICAL REPORT تقرير طبي مفصل		
Date 06-06-2023			
Diagnosis: RENAL DYSPLASIA, UNSPECIFIED			
History: 7 MONTHES OLD BOY CS FT WITH PNH OF NON FISULIZED LT KIDENY JUST PRE LABOUR WITH CONSTIPATION RECURENTUTI BOY SEEN IN PEDIA URO OPD IN MMCH BY LT HDN APRPDAMATER 25MM			
Physical examination: GENERALLY VITALLY STABLE LOCAL EXAMINATION CX BOTHTESTIS IN POSITION NORMAL IN SIZE NORMAL EXTERNAL MEATUS NO BACK LESION NON PALABLE BOTH KIDENYS			
INVESTIGATION: LAB INVESTIGATION NORMAL UE RENAL PROFILE POSITIVE UCS			
RADIOLOGY REPORT: RADIOLOGICAL INESTIGATION PT TAKE ACOPPY OFIT KUB US ON 9-1-23 MARKED LT EXTRARENAL PELVIC DILATION VERSUS MARKED HDN CHANGES LOWER POLE ABOUT 13MM MUCG ON 27-12-2022 MARKED VUR LT SIDE G5 KUB US 6-3-23 LT HDN APRPDAMATER 26 MM KUB US ON 27-3-23 POORLY DIFFERENTIATED LTRENAL PARENCHYMA WITH THIN CORTEX APRPDAMATER12MM 6-6-23 MAG3 SPLIT RENAL FUNCTION LT 1% RT 99% GOOD FUNCTIONING RT KID NON FUNCTIONING LT KID			

Hospital Course: FOLLOW UP AT URO PEDIA OPD IN MMCH IN HAIL WITH REPEATED KUBUS AND PROPHYLACTIC BACTRIUM O

RECOMMENDATION: FOR REFERRAL TO HIGHER PEDIA URINARY HOSPITAL FOR THEIR KINA CARE

WRITTEN BY: :

عصام جابر

MEDICAL DIRECTOR : SALEM FAHAD ALREDEAN

ELECTRONIC SINGATURE: DR51586245

DIRECTOR MEDICAL REPORTS: SUITAN BESHIR ALSHAMMARI

STAMP&SINGNETUR:



Patient Name : NAIF ALOTAIBI
MRN : 2006632
Date of Birth : 18-10-2022
Exam Number : 19224757
Exam Date : 30-05-2023 01:37:33
Ordering Physician : BADER, TURKE

FINAL

CLINICAL HISTORY:

7-month patient with atrophied left kidney? renal agenesis.

TECHNIQUE:

Diuretic Technetium-99m MAG-3 renogram was performed. Lasix was injected at 12 minutes.

COMPARISON:

No similar exam for comparison.

FINDINGS:

The right kidney showed good perfusion and tracer uptake with rapid transit time and spontaneous complete excretion which was enhanced by Lasix

The left kidney shows no perfusion nor parenchymal uptake indicating non-functioning kidney. In addition, there is severe vesicoureteral reflux seen at the end of the dynamic images reaching to the renal pelvis.

Split renal function:

Left kidney: 1 % Right kidney: 99 %

IMPRESSION:

1. Good functioning right kidney with no renal obstruction.
2. Non-functioning left kidney with severe vesicoureteral reflux.

This examination and reported findings have been reviewed and confirmed by:

ABDULLAH ALHARBI

Date: 30-05-2023

Time: 01:42:22



Patient Name : NAIF ALOTAIBI
MRN : 2006632
Date of Birth : 18-10-2022
Exam Number : 19241177
Exam Date : 05-06-2023 13:00:30
Ordering Physician : BADER, TURKE

FINAL

Clinical indication:
For spit function assessment.

Technique:
99m Tc DMSA scan was performed as per standard protocol.

Findings:
The left kidney demonstrates no appreciated cortical tracer uptake, denoting almost complete cortical tubular function loss.

The right kidney appeared mildly enlarged in size, likely compensatory hypertrophied. It demonstrates homogeneous normal cortical tracer uptake with no cortical defects or cortical scars.

The right kidney contributes almost 100% of the total renal function.

This examination and reported findings have been reviewed and confirmed by:
ABDULLAH ALHARBI

Date: 05-06-2023

Time: 13:05:18