

Initial Visit (Urology - 11/07/24)

Doctor: Hello! What brings you in today?

Patient: I have been experiencing right flank pain for the past five years.

Doctor: Can you describe the pain?

Patient: It started gradually. It feels like a throbbing pain that radiates to my back.

Doctor: Have you experienced fever or vomiting with the pain?

Patient: No, I haven't had fever or vomiting.

Doctor: Does anything make the pain worse?

Patient: No, there are no aggravating factors.

Doctor: Do painkillers help?

Patient: Yes, the pain is relieved by painkillers.

Doctor: Have you noticed any blood in your urine?

Patient: No, I haven't.

Doctor: Have you ever passed a stone?

Patient: No.

Doctor: Any previous medical conditions?

Patient: No diabetes, hypertension, ischemic heart disease, asthma, or hepatitis.

Doctor: Are you on any medications?

Patient: Yes, but I don't remember the names. I have also been using homeopathic and hakeemic medicines for the past two years.

Doctor: Any past surgeries?

Patient: Yes, I had an appendectomy more than 20 years ago and an exploratory laparotomy with a lower midline incision 15 years ago.

Doctor: Do you smoke?

Patient: Yes, I have been smoking for over 25 years and also use a huqqa.

Doctor: How is your sleep and food intake?

Patient: Normal.

Doctor: Are you married?

Patient: Yes, and my family is complete.

Doctor: Let's review your investigations. Your CT KUB scan shows bilateral partial staghorn calculi with a density of 1000 HU. Your DTPA scan shows a GFR of 90 mL/min (Right: 50 mL, Left: 40 mL). Your creatinine level is 1.

Doctor: Based on these findings, your diagnosis is bilateral nephrolithiasis.

Patient: What is the treatment plan?

Doctor: We will proceed with:

Right-sided PCNL (Percutaneous Nephrolithotomy), followed by left-sided PCNL.

Preoperative lab tests.

Urine culture and sensitivity.

Anesthesia fitness evaluation.

ECG and chest X-ray.

Cardiology and pulmonology consultations.

Follow-up (GI OPD - 26/07/24)

Doctor: You were referred from urology. How have you been feeling?

Patient: My symptoms remain the same right flank pain for five years, throbbing, radiating to my back, relieved by painkillers.

Doctor: Any changes in your smoking habits?

Patient: No, I still smoke and use huqqa.

Doctor: I see that your HCV status is positive, but PCR has not been done yet. We will need to confirm this with HCV PCR testing.

Doctor: Regarding your kidney stones, the plan remains PCNL surgery, as determined by the urology team.

Doctor: We will follow up in four weeks after your test results are available.

Follow-up Visit (28/08/24)

Doctor: How are you feeling today?

Patient: I have pain in my right iliac fossa, which radiates my back and has increased in intensity.

Painkillers help, and there are no aggravating factors.

Doctor: On examination, your abdomen is soft but tender in the right region. Bowel sounds are audible.

Doctor: Your HCV PCR test from 1/8/24 is detected, confirming active HCV infection.

Doctor: Your urinalysis on 11/07/24 showed glucose and blood. This might indicate diabetes.

Doctor: We will start Sofosbuvir/Velpatasvir (400/100 mg) for three months for HCV treatment.

Doctor: Also, take Nuberol Forte for pain relief.

Doctor: Follow up in six weeks.

Urology OPD Follow-up (30/12/24)

Doctor: How has your pain been?

Patient: I have been experiencing bilateral flank pain for the past year, but no LUTS, fever, stone passage, nausea, or vomiting.

Doctor: I see that you completed HCV treatment on 28/10/24.

Doctor: A CT KUB scan from Faisalabad (done a year ago) showed bilateral partial staghorn calculi.

Doctor: We need a fresh CT KUB and some blood tests (CBC, LFTs, PT/INR, APTT).

Doctor: We will also consult gastroenterology and do a urine culture and sensitivity test.

Follow-up Visit (Gastroenterology - 14/02/25)

Doctor: How have you been?

Patient: I completed my three-month Sofosbuvir/Velpatasvir course for HCV.

Doctor: Any active symptoms?

Patient: No, I feel fine.

Doctor: On examination, you have no jaundice or pallor. Your abdomen is soft and non-tender, and

your heart and lung sounds are normal.

Doctor: Your HCV treatment is completed. We will do HCV PCR testing to confirm viral clearance.

Doctor: Follow-up in two months.

Patient: Thank you, doctor!

Final Diagnosis for Training Purposes:

Bilateral Nephrolithiasis (Partial Staghorn Calculi)

Hepatitis C (Treated with Sofosbuvir/Velpatasvir)

Possible Diabetes (Pending further evaluation)